PSYCHOTHERAPIES AND COUNSELLING

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DEDICATED
TO
DR. ANNA DENGAL M.M.S.
(Foundress Medical Mission Sisters)

CHARITY
is a vocation of Greater Love.

If you have real love
you are inventive

If you love
you try to find out,
you are interested

If you really love
you are patient
you are long suffering

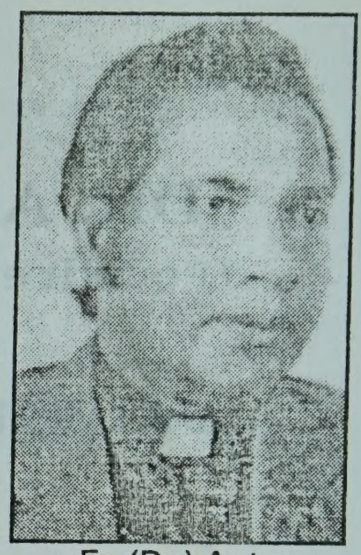
Certainly if you love
you accommodate yourself

If you love
you want to give,
you are tireless, selfless
and generous

If you love you really
try to serve
and not just work

One does not spare
one-self if one loves.

SANJIVANI



Fr. (Dr.) Antony Mannarkkulam

Sanjivani Rehabilitation was started on July 3rd 1993, by Dr. Antony Mannarkulam, and Sr, Joan Chunkapura, under the auspices of the Arch Diocese of Changanacherry, with the blessing from, Arch Bishop Mar Joseph Powathil. Sanjivani is a pioneer and leader in the filed of mental health, education, treatment, training and rehabilitation. It has also an efficient out patient department giving psychiatric care and psychotherapies, both individually and in groups.

Sanjivani Group Of Centres,

Sanjivani Snehasadan - Life long stay for man

Mother Teresa Home - Life long stay for women

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MEDICAL MISSION SISTERS

Dr. Anna Dengel founded the society of Catholic Medical Mission Sisters in 1925 in response to the pressing need of women and children in the field to health care. Today their mission has spread to over 20 countries and the Medical Mission Sisters are living their vision of being a healing presence to bring justice and wholeness wherever they are involved.

This book is written by Sr. Joan from her past 17 years of experience in handling mentally challenged children, youth, adults and families, psycho-therapeutically.

INTRODUCTION

"I have come so that they may have life
and have it to the full."

John 10:10

While teaching in seminaries and giving training programmes to religious formatters, and addressing parents, teachers, groups of women and professionals like police officers and social workers, requests were made for a book that would help persons in helping positions to transmit healing, integration and wholeness easily and effectively. We hope that this book will, at least partially, meet the expectations of pastors, teachers, social workers, and psychotherapists and those working with special groups like orphans, unwed mothers, sex workers, broken families, alcoholics and drug addicts.

This book is divided into three parts. The first part is for the skilled professional in the clinical field. It emphasizes effective techniques that work in counsellor training and in the practice of counselling.

The second part focuses on the specialised therapies used in the West as classical helping tools which are very relevant for us too, as our joint – family system is broken down mainly due to industrialization. Most of us come from either extended or unitary families. nearly twenty per cent of us live in towns and cities where both parents may be working or one parent has to rear children as the other one may be away in a foreign country. Some of us may belong to migrated groups experiencing crisis or may be victims of natural calamities. We need to bring about a counter

culture to help the handicapped, the aged and the chronically ill. Since in today's culture money and time are over – valued and relationships profit oriented, there is a felt need to extend counselling to all fields of ministries such as education, health – care and social work. The cry for help to face life's tensions and traumas, and the struggles of continuous growth are everywhere. 'Sorrow shared is sorrow halved; joy shared is joy doubled'.

The third part deals with the spiritual and the existential aspects of man. 'The spiritual' is understood as the supra-sensible, the transcendental. The spiritual connects us with a Higher Power, which is also unconditionally loving and forgiving. The spiritual puts us in touch with the wisdom of our religious beliefs, traditions and culture. Without the aid of these (which is largely ignored in professional psychotherapy and even in interpersonal relationships) we are much the poorer and unable to face crucial issues like suffering (that is apparently useless and even un-ending) and death. Therapies in this sections are more holistic because they view man in his totality as an embodied – spirit.

We have attempted to keep repetition to a minimum. All the same some overlapping was unavoidable because of the related nature of the topics.

We don't want to simplify the filed of psycho-spiritual therapeutic skills. But we are raising the need for professional upgrading in spiritual guidance, formation, health care, education and managerial and industrial working groups and at grass-root level family care units. Besides the theoretical inputs, the counsellor needs practice in reflective listening and genuine therapeutic relationships. At least one year's thorough training is presumed for this handbook to be useful.

ACKNOWLEDGEMENT

Though the names of the many persons who have stimulated, challenged and guided me in the preparation of this book are not mentioned, I wish to express our deep gratitude to Rev. Dr. Antony Mannarkulam, Director of Sanjivani Rehabilitation Centre, for his valuable contributions and also for editing of this Hand Book carefully.

I also want to thank students and colleagues who have helped us to mould our thinking about counselling and psychotherapies. A special word of gratitude to Mrs. Julie Mathew Powath for her research assistance and invaluable help. I express my thanks to Mr. Gijo Alex, Mr. Mathew Kanamala, Mr. Mathew Mundamattom, Mr. Siji Antony and Mrs. Jean Babuji for their research assistance. My sincere thanks to Mr. K. C. Varghese & Mr. Mohan Suradas for their efficient and artistic computer type setting at Vyazz Graphics, Kottayam.

Without any gender prejudice or preference I use the traditional exclusive languages as it is found convenient.

I dedicate this volume to the memory of Mother Anna Dengel, the foundress of Catholic Medical Mission Sisters with the special call to the mission of healing.

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PREFACE

There is an increased awareness about health and fitness among people today. Early morning jogging, evening walk, fitness exerceises etc are catching up. This increased concern however seems to be largely confined to physical health., while what is required is integral well – being, including the physical, psychological and spiritual health. These three are not water-tight compartments, but dynamically interacting and mutually influencing realms of the personality so much so that the ill – health of any realm affects the other realms and thus the whole personality. There for our health concern should be extended also to the psychological and the spiritual which are very closely related to each other.

Caring for psychic health requires first of all correct knowledge about the factors and processes required to maintain good psychic health, how to discern psychological problems, how to handle them, where to get expert help, if needed, etc. Of course, there is a lot written and published about all this most of which is in costly and inaccessible English books and journals. Popularizing such knowledge is a very useful service which persons and organizations concerned with promoting the psychological health of the community can render.

It is in this context that Handbook of Counselling and Psychotherapies written by Rev. Sr. Dr. Joan Chunkapura M.M.S. and edited by Rev. Dr. Antony Mannarkulam becomes very relevant and useful. It is a revised and expanded edition of their earlier book under the same title.

The authoress has shown great expertise and very good practical sense in selecting very useful and relevant topics and presenting them clearly and coherently in simple language. The long academic and practical experience of both the author and the editor was surely a reliable source to draw from in the making of the book.

One can get essential information about the art and science of counselling, psychological conflicts and every day psychopathology in the first fifty pages of the book. Then the principles and techniques of different short-term therapies like gestalt therapy, developmental therapies (inner child therapies) motivation therapy, family and group therapies, logotherapy, Christotherapy, etc are discussed. This is interspersed with the discussion of problems like alcoholism, co-dependency, sex-abuse, "situational crisis", growth disorders, etc. for which the therapies can be beneficially used.

The expanded second edition has three new chapters dealing with Reality Therapy, behaviour therapy and counselling for HIV/AIDS patients (before and after testing) which is a very urgent need today.

This is not purely a psychological or psychotherapy book; it has a spiritual rottenness and pastoral orientation. it will be a good companion to all those who are involved in understanding and helping those with psychological difficulties.

20 – 11 – 2000 **Fr. Thomas Srampickal**

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COUNSELLING SKILLS

Introduction

In all the world there is no one like you or like me. The sum of genetic information, experience, learning and memory that makes up each individual is absolutely unique. At any given moment we represent that sum and the next moment the sum is different. It follows that each of us is best in the world at one thing-being ourselves.

Fortunately it is our absorbing task. To be genuinely ourselves in the world is a glorious thing. We should stretch our spirits so that we inhabit our lives fully, and we will learn all we can. But there are moments in our lives when we feel that we are not capable of realizing our full potential in the best way possible. Just recall the words of William James:

"I am done with great things and big things, with great institutions and big success, and I am for those tiny invisible molecular forces, that work from individual to individual, creeping through the crannies of the world like so many soft rootlets, or the capillary oozing of water, but which give them time, will send the hardest monuments of men's pride."

These vital forces in man's search for authentic living may be given through helping relationship. Any body who would like to relate meaningfully and therapeutically has to get the necessary training in the science of counselling. The following pages will help the reader to learn the easiest and practical steps in the helping profession.

CHAPTER 1

THE SCIENCE OF COUNSELLING

"Glory of God is man fully alive"

St. Irenaues

The need of counselling is felt today in different dimensions of man's life. The complexities of modern life and stress and struggles felt by man living amidst the challenges of today call for help from others. Technological changes have made a major impact on people's life and work. Industrialisation has resulted in social and vocational mobility. Rapid progress in communication media, fast changing value systems, impact of cultural exchange.

Consumeristic value systems, etc. have affected many of man's traditional supportive systems and resulted in causing tensions to it man's day today life. This demands the help of people who can provide methods and techniques of tension reduction and balancing of life. For, people are in need of help and these helping people cab help through meaningful relationships and therapeutic interactions. The help given should be adequate and the people who provide help should be qualified. This help is basically given today by Counselling and Psychotherapy.

Counselling : An art and a science

Counselling is an art of helping people. As an art it is practiced by individuals in their own style. the style varies from people to people and one cannot make definite rules of dealing with other persons. But as a science, it is based on soiled scientific principles and methods. It is a branch of psychology which again is the science of behaviour. It follows experimental methods of observation, collection of data and analysis of data. Conclusions are taken from the results of observation, and experimentation.

A definition of Counselling.

Although one could give so many definitions for counselling, a workable definition is given by C. H. Patterson: "Counselling is a process involving a special kind of relationship between a person who asks for help with a psychological problem (the client or the patient) and a person who is trained to provide that help (the counsellor or a therapist)". It is an ongoing process involving a series of actions which happen during the time of a therapeutic relationship. There are different objectives for this ongoing relationship. Basically it is to help individuals towards overcoming obstacles in their personal growth wherever they may be encountered and towards achieving optimum development of their personal resources. Counselling is not for the solutions of problems. It is to help people to grow unto adulthood, so that they can face the challenges of growth and development.

Counselling and Psychotherapy.

We cannot say that Counselling and Psychotherapy are entirely different in themselves. They are two phases of the same helping relationships. many a time they overlap. merge or complement in their goals and takes. Some would find the different in the gravity of problems handled by them. While counselling focuses, on the personality problems and problems related to development of one's potentials, Psychotherapy focuses on mental handicaps which are more of the unconscious. Counselling is done in non-medical setting where as psychotherapy is more medical and psychiatric in orientation. In fact there is no essential difference between counselling and psychotherapy, in the nature of the relationship, in the process, in the methods used, in techniques, in goals or outcome and even in the selection of clients. Counselling often refers to the help to less seriously disturbed clients or with clients with rather specific problems with less personality disturbances, usually in a non-medical setting. Psychotherapy on the other hand usually works with seriously disturbed people in a medical setting. There are therapeutic dimensions in counselling. And there are counselling

could be the initial phase of a helping relationship which may later be developed into a psychotherapy if needed. Thus counselling and psychotherapy complement each other. Today counsellores and psychotherapists work together and in mutual understanding.

Origins of counselling

Counselling must have existed since the beginning of human civilization. Man must have sought comfort and help from his close associates, besides his kith and kin. But as a separate science, it is the product of the 1960's. Although there had been moves from the 18 the century onwards, the major break-through in counselling came from Carl Rogers in 1942 with his famous book counselling and Psychotherapy. Almost as a challenge to psychoanalysis, which was more a psychotherapy, Rogers proved that people could be equally helped by providing an atmosphere of empathetic understanding and therapeutic listening. Togers' consistent and zealous commitment to help people proved to be effective and the new science of counselling psychology emerged as a separate science. Today it is a discipline with clear concepts, values and purposes and with its own philosophy. It believes in the potentials of man and the inherent worth of the individual. It gives equal importance to the feelings and thinking of man and believes that man is capable of development and can reach the stage of self actualisation if he harmonises affection, cognition and behavioural change. counselling emphasizes a deep respect for a client and is often client-centred rather than centred on the therapists. During the last six decades counselling made a significant advance and today it is no more a rival to psychotherapy but a collaborator to any helping profession. Counselling is pursued both by amateurs and professionals alike. The impact of counselling is felt in a variety of situations such as schools, colleges, hospitals, guidance centres, rehabilitation centres and even in business and industrial settings. counselling could be useful as well as dangerous if it is not done by trained professional hands. It is soothing as well as healing. When it is abused by an unqualified and often fake person it could be choking and even

damaging to the client. hence there is the need of proper training in counselling to anybody who is involved in helping professions.

Counselling is not giving information, although information may be given in counselling. It is not advice or making suggestions and recommendations, although all of these will happen in counselling interaction.

It is not influencing the client's values or belief systems although all of these may happen in his own acceptance or insight. It is not an interviewing of a client although there is relevance for information in counselling. Counselling is concerned with bringing about a voluntary change in the client with the help of a skilled professional and growth in the client by facilitation his potentialities. The client alone is responsible for the decision making in an atmosphere of a warm and understanding relationship with a counsellor who is authentic in his dealing.

Counselling as Therapy

Counselling in its essence is a helping relationship. This relationship becomes therapeutic when it had certain salient features. According to Shertzer and Stone there are nine traits for such a relationship.

They are:-

1. Is meaningful because it is personal and intimate.

2. is affective in nature involving a mild to strong emotional relationship.

3. Involves the integrity of the helper and the helped and is sustained voluntarily.

4. Involves the mutual consent of the counsellor and the counsellee either explicitly stated or implicitly to be inferred.

5. Takes place because the individual in need of help is aware of his own limitations and ind\adequacies.

6. Involves confidence reposed in the helper.

7. Is often achieved and maintained through communication and interaction; it involves a give and take i.e. it is not a one way process.

8. Involves a certain amount of "Structure". The situation is either vaguely or clearly defined.

9. Is marked by the desire for changes in the existing condition of the client, i.e. it is concerned with the improvement of the client.

Counselling as Psychotherapy

Counselling becomes psychotherapy when it aims at helping the clients to understand themselves as they are. This requires modification of attitudes, outlook and behaviours. In counselling, the clients are accepted unconditionally. Their feelings are expressed freely without fear. They get a sense of security at the presence of a counsellor who shows empathy and genuineness. The clients is helped to discover his own strength and weakness. He gains insight about himself and his environment. The relationship between the client and counsellor becomes therapeutic when catharsis of feelings and ventilation of emotions are achieved together with insight into his behaviour and motivations. The client changes positively making desirable adjustments to his environment. A person slowly becomes a fully functioning person.

The goals of counselling

A person who comes for counselling may have manifold expectations. His immediate concern may be to get rid of the tensions and anxieties of a given situations. He may not be aware about the

ultimate reason of his environmental dissatisfaction. His tension reducing mechanisms might have failed and he needs immediate help. He wants to solve his problems.

But the counsellor may have entirely different goals. His goals to be divided in to three:-

1. An immediate goal

2. A process goal.

3. An ultimate goal.

The immediate goal may tally with some of the expectations of the clients. It is to reduce the impact of the tension of the individual and to help him to be at peace at the moment. But as counselling goes on, the process goal worked out. It is to discover the a etiologies of the problems and often the unconscious factors that might have pre-disposed and precipitated the problem. The root cause of the problem is discovered from the manifold clues and connections from the verbalisation and from the messages of the body language. But the ultimate goal however is to make the client to grow unto integration so that he can handle the stress of life and cope with the situations by establishing creative relationships.

Speaking of goals, Patterson feels that counselling is concerned with helping individuals find realistic and workable solutions to their problems by helping them gain insight into themselves so that they are able to utilize their own potentialities and opportunities and thus become self sufficient, self directed and self actualized people. According to Karnner the goals councelling are relate , relive, release ,relearn relax and relate. These six"R"s are happening in a genuine counselling. The client relates with a meaningful person called the counsellor. He is given a chance to relive his past experience and is helped to release the tensions and even the suppressed negative hurt feelings. Once insight is received,

he is helped to relearn and restructure his healthy coping mechanisms. The person can relax and can start relating with others constructively and meaningfully.

The professional ethics to be held in counselling

Counselling is a therapeutic interaction between two people. It is an honest contract of being in a genuine relationship. There are certain ethical principles to be held in this relationship. They are:-

1. Confidentiality:- The counsellor must keep the secrets of the counsellee in a confidential manner. He may not reveal any confidential information to anyone without getting the permission of the client. The information in writing must be kept under lock and key. The permission may not be asked in the case of suicidal threat. Confidential information may be discussed with professionals under certain conditions, such as conferences or seminars for the sake of better handling of the person without revealing the identity of the person.

2. Respecting the right of Privacy:- The client has a right to privacy and hence the counselling room should provide facilities to keep the privacy of the client. Taping the sessions either through audio or video without permission is unethical. So too verbatim report of the session should not be made without permission.

3. Respecting the gender identity of the Client:- In counselling the counseller had to respect the gender identity of the client, especially in courtesy greetings and behaviour patterns. Although touching is deep communication, it has to be done according to the mores and customs of the society.

4. Respecting the Profession:- One should not criticize or condemn another counsellor because he uses a different method in the helping profession. This will spoil the trust element of the client.

5. Accepting the Client:- The counsellor should normally

accept a client who is already receiving help from another person only by mutual agreement or only after the termination of the counselling relationship with the pervious counsellor.

6. Unnecessary Probing:- In counselling one has to avoid unnecessary probing especially into delicate issues. Each client may have sensitive areas and one should not compel the client and yank information from those sensitive areas. If the client is resisting and blocking information one may have to use other techniques to find such information.

7. An appropriate time and place:- Counselling is a professional service and one should use appropriate time and place for counselling. The time should be conducive to better therapeutic interaction.

8. Prolonging the counselling sessions:- The usual counselling hour 45 minutes and one should not prolong the counselling time for personal satisfaction. Any serious work which needs attention and concentration should be limited to a reasonable time.

9. Respecting the freedom:- The counsellor has to respect the freedom of the client and the should be not inject his own values or philosophy of life into his client. The counsellor is, however, free to hold his own values and attitudes.

10. Unnecessary dependency:- The counsellor should not encourage dependency of the counsellee on him and terminate the counselling when the goals are at least partially achieved. And it is unethical not to refer the client it a competent person when the counsellor himself feels diffidence and incompetence in handling a client.

These ten ethical principles are to be held by any serious helping person even if he is not a professional counsellor.

Common elements in all forms of counselling

There are different forms and modes in counselling. These forms vary people to people according to the theoretical orientation and training of the counsellor. So too counselling is an art and science. Although there are solid scientific theoretical foundations for counselling, it is practiced by the different counsellors in their own style. Yet there are certain common factors which are seen in all forms of counselling.

These common factors are divided into two groups: The External factors and The Internal factors.

The External Factors:

The external factors provide the necessary external preparations which may be needed for an effective interpersonal interaction. These external factors include:

a) The setting up of the counselling room. A simple and convenient room tastefully furnished as to have a professional look and providing a peacefully atmosphere is the best for counselling. Even the colour choice of the room is important.

b) The seating arrangements and the arrangement of the doors are equally important. The room should provide provision for confidentiality and outside disturbances are to be prevented. The room should have certain pictures and captions which may induce the client into peace and tranquility.

c) Any distractions from outside such as telephone calls, interventions of the secretaries or visitors should be prevented.

d) The external appearance of the counsellor should be decent and dignified.

The Internal Factors.

The internal factors are much more important than external

factors. They include the three counsellor attitudes namely empathy, unconditional positive regard and genuineness in relationship. These qualities pave the way for good therapeutic report. The counsellor should have the ability of tolerating the client respecting the ways and behaviour patterns and the values held by the client. Accepting the client unconditionally and understanding him in his concrete situations by avoiding words and deeds or any absolute statements and punitive remarks are also needed for an effective counselling relationship.

The tools of a counsellor

A good tool makes the work better and helps the worker to be more efficient. In counselling too, the counsellor had to have proper tools, in facilitating a relationship and in enabling the client to a speedy understanding of his own self. These tools are listening observation and communication.

Learning to listen to the other in depth is highly needed in counselling. Listening starts with attending to physical and psychological needs. Listening goes beyond the hearing of the verbalisation and reaches to a level of meta-listening which is hearing what is not said. This is done more by listening to the client. Reading the body language of the client is a good technique in listening. Silent listening and getting into the inner frame of the clients therapeutic listening.

Observation of the whole person is another tool in counselling. Observing the non-verbal communication especially through intense emotional expressions is indeed a good tool for an effective counsellor. Observation is through absorbing and reflecting with the client. Here empathy is the attitude needed for the counsellor. Observation leads to the understanding of the client. It is response to the feelings and the content of the verbalisation.

Communication is a good tool for a counsellor. In communicating with the client, the counsellor has to personalise the

problem by proper confrontation. And the counsellor tries to impart insights to the clients through proper communication. Here genuineness is the attitude needed for the counsellor. With a proper goal setting the counsellor communicate perspectives which are to be assimilated personally by the client. Such a communication is called therapeutic communication. It creates an atmosphere of total acceptance and the client ventilates his deep felt emotions without fear. Insights given are freely accepted as he gets the confidence that he is being understood. He is ready to confront his problems and his self esteem grows. The client listens more to himself and he is slowly led to rely on his inner potentialities and to believe others. His relationship becomes more constructive and he starts to function as a self actualized per person.

The skills needed for a good counsellor

A counsellor becomes a helping person as he masters the art of counselling by developing a lot of skills. The significant skills are:-

1. The personality of the counsellor:- A good counsellor must be a mature person, confident in himself and revealing the qualities of dependability and trust. He must be at peace with himself and must have a good reputation. A counsellor must be compassionate and free from all prejudices and discriminations. He must be sensitive to perceive and understand others. In one word, he should have an integrated personality.

2. Professional competency:- A good counsellor should be competent in his field. He should have a sound knowledge about the science of helping people. He should reach people with an intuition into the depth of the problem, based on the general principles of psychology, to have a proper diagnosis.

3. Good observing skills:- The client is assessed properly form the clues gained through proper observation. The counsellor should observe especially the emotions behind the verbalizations and non-verbal communications expressed through body languages.

4. Attending skills:- Proper attending and listening is another skill of a good counsellor. Attentiveness is communicated through face expressions. Face expressions include good eye contact, head nods, smiles, body positions and movements. A good listener listens to the whole person and listens to what is not said. This is called meta-listening.

5. Communication skills:- Counselling is an ongoing communication between a counsellor and a client. Communication is conducted by verbal, non-verbal and paralingual modalities. Good communication can be blocked either by underparticipation communication, over participation communication or distracting participation communication. As in the case of listening, there can be meta-communciation is good counselling. Good communication helps the client to gain insights into himself and to the motivations of his behaviour.

6. Technical Experience:- Counselling is an art of helping others. A good counsellor gains a lot of experience when he relates therapeutically with the clients basing himself on a consistent counselling theory. He gains experience also through collaboration and consultation with other people.

7. Commitment to his profession:- A good counsellor should be committed to his clients. He respects his profession and keeps the dignity and sacredness of his profession and keeps the dignity and sacredness of his profession. He gives priority to the clients and their needs. In one word, he is fully committed to his profession and to his people.

The qualities needed for a counselor.

American psychological association gives the following traits for an efficient counselor.

Positively

1. Superior intellectual ability and judgement.

2. Originality, resourcefulness and versatility.

3. Fresh and insatiable curiosity.

4. Interest in the persons rather than as material for manipulations, a regard for the integrity of other persons.

5. Insights into one's own personality characteristics, a sense of humour.

6. Sensitivity to the complexities of motivation.

7. Tolerant, not arrogant.

8. Ability to adopt a therapeutic attitude, ability to establish warm and effective relationship with others.

9. Industry; methodical work habits and ability to tolerate pressure.

10. Acceptance of responsibility.

11. Tact and co-operativeness.

12. Integrity, self control and stability.

13. Discriminating sense of ethical values.

14. Breadth and cultural background; and educated person.

15. Deep interest in psychology especially in its clinical aspects.

Negatively

1. The counselor should be free from certain personal needs which may diminish his efficiency as a good counsellor. These needs if not checked, will turn counselling into a date.

2. The need for recognition and prestige. If this is not checked, and counselor will indulge in displaying his knowledge.

3. The need for security; He may make the client to praise him.

4. The need for being helpful. This may prompt the counsellor to elaborate non pertinent points and thus bother the client.

5. The need to solve personal problems. He may project his own problems on to the client. This happens especially when there is a strong counter-transference from the part of the counsellor responding to the transference of the client.

The process of Counselling

Counselling is an ongoing process. It has to follow certain sequence of events taking place over a period of time. One could note ten definite steps in his process on counselling.

1. The Initial Contact:- The first instant of the counselling relationship happens when a client makes the initial contact with the counsellor. This could be through a letter, through a brief personal appearance for an appointment, through the visit of a third party, through a telephone call or through a referral. Whatever may be the method, the counsellor is trying to build a therapeutic rapport. The counsellor has to show empathy to the client. His attending skills and listening skills persuade the client to have trust in him. The counsellor's genuineness and understanding gives a new confidence to the client and it may motivate the client for further counselling sessions.

II. The First Interview:- This is a pre-counselling interview which is meant for gathering information regarding the client. Some counsellors use an intake-form for gathering pertinent information regarding the client. The goals of the session are to collect personal data, the present problem, the emotional reactions and other pertinent

information regarding the client. The session will give the counsellee an idea of what counselling is and the modus operandi of the counsellor.

A good counsellor must ask six questions to himself during the session. Why this person has come? Why now? Why now to me? How does he look like? What are his expectations and in what all ways can I help the person? All the questions asked further by the counsellor are to get adequate answers to these six questions.

III. The first Counselling Session:- This may be the first formal session with the counsellee as the pre-counselling session could be done by someone else or by filling up an intake-form. But a formal counselling interview starts with the first interview, a face to face contact between the counsellor and the client. This session may have the following sequences.

1. The formal inception.
2. Initiation of the counselling interview.
3. The presenting problem.
4. Catharsis of emotions.
5. Establishing a contract with the counsellor.

1. The formal inception:- It includes courtesy greetings of the counsellor attending to the physical needs of the counsellee, attending to the counsellee emotionally and establishing a therapeutic rapport.

2. Initiation of the counselling interview:- The initiation of the counselling could be either by a counsellor or by a counsellee. Both are equally good. What is important is to build a therapeutic relationship. The relationship has four primary functions.

a) It creates an atmosphere of trust and safety for the counsellee.

b) This provides a venue for expressing strong feelings.

c) The counsellee experiences comfort in a healthy interpersonal relationship which is growth promoting.

d) It increases the motivations for the client.

3. The presenting problem:- The presenting problem may not be the real problem. It may have some relationship to the real problem. A client cannot bring up the emotionally charged problems which may have some indirect link with the real problem. The scope of the first session is to establish trust between the counsellor and the counsellee and to find out the frame of reference of the client. Only later will the counsellor slowly shift the focus from the presenting problem to the real problem.

4. Catharsis of emotions:- Catharsis or ventilation of deep felt emotions may be done from the very first session onwards. The client might have been using so many defenses to cope with his present tensions. But he needs to break all these defensive masks to come into grip with the real problem. Catharsis helps a lot towards this goal. The client may become emotional and may display a lot of emotions through sobbing, weeping or getting angry etc.

5. Contract making:- Usually a therapeutic contract is made between the counsellor and the client. This contract specifies the terms and conditions of an ongoing relationship. The number of sessions and the manner of working together, the fee to be paid etc. are agreed upon. Both parties have to abide by the conditions of this contract.

IV. Detailed Interview:- The detailed interview is technically called the period of "reconnaissance". This French word means to

understand more and more the inner frame of reference of the client and the unconscious motivations of his behaviour. The approach may differ from counsellor to counsellor. According to his theory of personality the counsellor may analyse the relevant materials collected from the intake interview. One of the tools used by the counsellor is Responding. Through proper Responding the inner world, the psychological needs and the personal resources of the client are analysed in order to stimulate the client to deepen his exploration of self. Responding should be to the feelings and content of his verbalisation. Usually responding is done with a proper question or an empathic summary of his verbalisation. In detailed interviews a four-fold fitness of the clients is also assessed.

a) Physical fitness:- The energy level behaviour patterns, regular exercise, rest and sleep, eating patterns, caring of health, preventive strategies, diseases etc. are assessed.

b) Emotional fitness:- Self esteem feeling of being loved, congruence level, honesty to self and to others.

c) Inter-personal fitness:- The level of relationship with others and the level of adjustment in different situations.

d) Intellectual fitness:- The IQ level, general knowledge, ability of learning and the ability of developing skills.

Confrontation is used after responding. It is the observation of some of the discrepancies in the counselling. These could be discrepancies between insight and behaviour. And there could be discrepancies between what the client is and what the client ought to be. These discrepancy are brought to the awareness of the client by confrontation. But confrontation must be done with a spirit of care and for the sake of personal growth.

V. The Psychodiagnosis:- The psycho-diagnosis is a major step in the counselling process. This is nothing but finding out the aetiology of the presenting behaviour from the possible clues. One

can also use different psychological tests and measurements. Different personality assessment tests like MMPI, WAIS RORSCHAH, TAT, CAT, SAT, draw a person, word association, anxiety scale etc. are some of the tests used by counsellors. Usually this may be assessed by a clinical psychologist.

In non-clinical sittings, personality may be assessed through rating scales, performance scales, case studies, cumulative records, autobiographics, diaries, story writings etc.

Three main dimensions of the psycho-diagnosis are:-

1. The identification of the problem.

2. The correct diagnosis of the personal behaviour and motivations.

3. The possible prognosis of the problem i.e. an appraisal of the clients prospects of recovery.

The psychodaignosis is a complex phenomenon. It should focus on hereditary facts if any, the childhood experience of the client. Focusing on the environmental dissatisfaction of the client, his projections and his unhealthy coping methods to solve the problems are needed for phychodiagnosis. Focusing on current interpersonal relationship as well as the frame of reference of the client are also helpful for diagnosis. Finding the transference's and analysing them are also helpful for phychodiagnosis.

VI. The insight Giving:- The main goal of the counselling process is to give insight to the client into himself and into his problem. According to Freud, insight is cure. Insight is gained by the counsellee from the therapeutic relationship. Insight makes the client revise his frame of reference and to break all the defensive masks worn by him. The behaviour is slowly changed and the adequate and healthy coping mechanisms are substituted.

There are different ways of giving insights. The main ones are:-

1. *Summarizing:-* The counsellor summarizes the content of the counselling interview and clarifies the main points of the interview.

2. *Accenting:-* The counsellor takes certain verbalization of the client and are accented so that the client may understand it properly.

3. *Showing the connections:-* This is done especially when certain behaviours have almost become automatic in the client. He may not understand why this behaviour is repeated often even against his will. The unconscious motivating factors and the connection with the present behaviour are clarified in insight giving.

4. Confronting:- This is a stronger way of giving insight by challenging certain attitudes and behaviour patterns of the client.

5. *Maintaining tension:-* In certain counselling methods, an argumentation at the rational level is needed and a sort of tension is being kept in the counselling process.

6. *Showing the clues and symptoms correlation:-* Certain symptoms and syndromes may be there in the client and the clues to identify the problems are gathered and shown to the client for his insight in to the problem.

7. *By making him to relive the experiences:-* This method is especially used in the gestalt method of counselling. The person is asked to go through the original traumatic experiences at the counscious level so that he can re-experience and relive the problem and integrate it to his life experience.

8. *Interpreting:-* Especially in analytic method of counselling, the unconscious motivations of the behaviour are interpreted by the counsellor by the methods of free association, dream analysis, or test results from various psycho-analytic psychological tests and projective tests.

Whatever is the method of giving insights, the client begins to grow as he assimilates the various insights into his life through the personalising of the insights and implementing them into life situations.

VII. The Implementations of Insights: or Goal Setting:- The implementations of insight is the action phase of the counselling. The counsellor has to start doing certain actions behavioural modifications – in the client. Goal setting is the technique used by the counsellor. In setting the goals the counsellor has to focus on the primary and secondary needs, the existential and self – actualization needs. He should be careful to keep the boundaries of the client i.e. not crossing the personal space of the client. Some of the needs of the client may be unmet and he may be frustrated. He might have suppressed certain needs. In insight giving these needs are to be personalised by the client and then they become wants. The client is to be motivated to implement these needs and wants into action. This is done in the formulation of goals in goal settings.

There may be outcome goals. These are goals that have emerged from counselling as the result of insight into oneself. There could be so many resistances from the part of the client. To avoid them the client has to do the goals setting personally. One may start with immediate goal which are less threatening and more practical in goal setting three things are to be noted:-

1. Selection of strategies.

2. Implementation of strategies.

3. Evaluation of strategies.

Finding a proper strategy for a specific problem is the key factor in the selection of strategies. Implementation however should be done one by one, through a proper sequence. Periodic evaluation of the strategies by an honest discussion of the result between the counsellor and the client is also important. Freedom must be given for the counsellor to change strategies when certain strategies are not working.

VIII. The problems in counselling:- There could be so many problems in the very process of counselling interaction. These problems can happen from the part of the counsellor, or from the part of the counsellee. The problems arising from certain needs of the counsellor may impede the therapeutic relationship. They could be grouped as the following:

1. The need for social companionship especially with the opposite sex.

2. The need for recognition and prestige which may be manifested in displaying his abilities.

3. The need for security which may be sought through praises from the clients.

4. The need for being helpful which may be manifested in too much involvement and manipulation of the clients.

5. The need for teaching which may be revealed in the counselling sessions.

6. The need for solving counsellor's own personal problems. This may be revealed in the manner of probing unnecessary and delicate personal problems of the client.

Problems also arise from the part of the counsellee. They may block the counselling interaction and behavioural change of the client. Most common ones are:-

1. *Emotional instabilities of the client-* psychoneurosis. This will make the client non-co-operative.

2. *Personality disintegration of the client* - It is manifested in psychotic behaviour patterns. Then insight becomes impossible.

3. *Mental Retardation:-* Limited intelligence and feeble mindedness make even the counselling interaction impossible.

4. *Moral imbecility:-* Psychopathic and antisocial personalities resist counselling and make it useless.

Problems also could arise from the very counselling interaction.

The main ones are:-

1. *Failure in establishing a therapeutic rapport.* The Counsellor does notheed not click with all clients. There may be many reasons for this failure. The counsellor may fail in showing empathy and understanding and the client may fail in having t rust in the counsellor.

2. *Making the client depend on the counsellor.* Some counsellors may make their client depend on them by over protection and promotion of dependency needs.

3. *Not enhancing the potentials of the client.* The client has to be helped to take personal responsibility in the selection of life goals through proper strategies. The potentiality of the clients is to be enhanced. When this is not done, counselling becomes less effective and even useless.

4. *Lack of communications:-* Lack of communication of the counsellor or the counsellee could make problems in

counselling. The counsellor's own lack of genuineness makes the communication less effective.

5. *Resistance is a major problem in counselling.* According to Freud resistance indicates the unconscious opposition in bringing the material from the domain of the id into that of the ego. Resistance could be manifested through:-

- Keeping silence (direct resistance)
- Symbolic expressions
- Laughing off the problem
- Over talkativeness
- Intellectualization
- Happy talking
- Hysteric scene making

Any resistance has to be worked through for a successful counselling. Breaking resistance is therapeutic. The counsellor may interpret resistance and thus help the client to gain insight into himself. He also confronts the clients with in-depth questioning concerning the theme of resistance.

IX. The Termination of Counselling:- The termination of counselling has to be made when the goals are at least partially fulfilled. The evaluation of the goals and the implemented and when the desired behaviour change is at least partially achieved the termination of counselling can be made. The time of the termination is to be determined both by counsellor and the client. The counsellor should not promote dependency in the counsellee and the counsellee should not cling on to the counsellor unnecessarily.

There is a phenomenon called separation anxiety which is an unnecessary fear and a feeling of helplessness to be alone. This has to be handled properly by gradually preparing the client to be on his own. A gradual spacing of counselling sessions at longer intervals and by informing the client of the possible termination is a good way fo terminating counselling. Termination may also happen when the counsellor feels that there is no need of further sessions as he has overcome the crisis and learnt to be on his own. The counsellor should express his readiness for future helps if there is a relapse or if the counsellee feels like coming again for help.

Termination must be made when there is too much transference and a corresponding counter transference on the part of the counsellor. The counsellor may feel that he is incompetent to handle the problem; then he has to refer the client to a competent person. Physical impossibility of meeting together may force the termination of counselling.

The best criterion for termination counselling could be when the counsellee had reached the point that he can help himself in a growth-stimulating manner.

X. The Follow Ups:- There should be a reasonable period of follow up for any successful counselling. During this period, observing the adjustment of abilities of the client and the manner of implementing the insights in the set goals counter checks the effectiveness of the counselling. There can arise so many tension producing occasions in the life situations of the client and there may develop a tendency of stagnation and lethargy in the client.

These are handled in the follow up sessions. Follow up could be done by occasional brief visits to the counsellor through personal letters or telephone communication of the counsellee. The counsellor had to give priority to the letters of his client and give sufficient importance to the sessions even if the client is symptom free and functioning at a certain level.

Follow up could also be done by suggesting good reading materials for self improvement. This is called bibiliotherapy. Introducing the client to some self help groups or prayer groups, self improvement work shops are practical methods in follow ups. Creative exercises like regular yoga, writing diaries, getting involved in social and charitable activities etc. could improve the self style of the client. The usual period of follow up is form six months to one year.

Thus counselling can be said to be an ongoing inter personal therapeutic interaction between a counsellor and a client. The end result of a good counselling is the emergence of a mature, self actualized self in the person of the client. The counsellor also feels a share in making the client reach this stage through this therapeutic relationship between them. This happens in an atmosphere of mutual trust, genuine understanding and empathy which are the key factors in all counselling.

CHAPTER 2

CONFLICT RESOLUTION AND RET

"The longest journey is the journey inward"

Dag Hammerskjold.

Different people have different styles of handling conflicts. These styles are learned during childhood and function automatically in conflict situations. Because it was learned we can always change it by learning new and more effective ways of handling conflicts.

Two major concerns in a Conflict

The first concern in achieving your personal goals. You are in conflict because you have a goal that conflicts with another person's goal. Your goal may be highly important to you, or it may be of little importance.

The second concern is keeping a harmonious working relationship with the other person. The relationship may be very important to you, or it may be of little importance To what extent your personal goal and the relationship is significant to you will affects the way you act in a conflict.

Based on these two concerns, Five styles of managing conflicts can be identified.

The Turtle- Turtles give up their personal goals and relationship. They fed helpless and withdraw (physically and psychologically) from a conflict and always try to be away from issues and from the people they are in conflict with.

The Shark- Goals are highly important to them and disregard the needs of others. They view conflict as a Win or loose game. Winning gives than a sense of pride and losing gives than a sense of weakness and failure. They overpower opponents by forcing them to accept their solution to the conflict.

The Teddy Bear- They give importance to relationship even belting their overalls. They want to be accepted and liked by other people. They believe that conflicts cannot be discussed without damaging relationships

The Fox- Foxes are moderately concerned with their own goals and about their relationship with other people. They seek compromise to conflicts where both sides gain something. They are willing to sacrifice part of their goals and relationships in order to find agreement for the common good

The Owl- They view conflicts as problems to be solved and seek solutions that achieves both their own goals and the goals of the other person in the conflicts these by maintains the relationship. They are not satisfied until the tensions and negative feelings have been fully resolved.

Assertive Behaviour and Conflict Resolution

To resolve a conflict, without hurting relationship we have to be assertive Lack of assertiveness leads to may conflicts.

Non - Assertive Behaviour:- FLIGHT Soft on the problem and the people.

Traits - Not expressing your own feelings, needs, ideas. ignoring your own rights.

Behaviour: Emotionally dishonest, indirect, Self-denying Results: Anxiety, disappointment with self, possible anger.

Assessment: The intake interview

Before handling a conflict, one has to make a proper assessment of the conflict. This is done through an intake interview.

The following steps are used in an intake interview

I. Identifying data:

A. Client's name, address, and telephone number, at which the client can be reached, This information is important in the event you need to contact the client between sessions. The client's address also gives some hint about the condition under which the client lives (large apartment complex, student dormitory, private home, inner city village, etc.)

B. Age, sex, marital status, occupation, if school children class and year. Again, this is information that can be important. It lets you know if the client is still legally a minor, and provides a basis for understanding information that will come out in later sessions.

II. Presenting problems, both primary and secondary:

It is best that these be presented in exactly the way the client reports them. If the problem has behavioural components, they should be recorded as well. Questions that help to reveal this type of information include:

1. How does the problem interfere with the client's every day functioning?

2. How does the problem manifest itself? What are the thoughts, feelings, and so, that are associated with it? Wha observable behaviour is associated with it?

3. How often does the problem arise and how long has the problem existed? When did it first appear?

4. Can the client identify a pattern of events that surround the

problem? When does it occur? With whom? What happens before and following its occurrence? Can the client anticipate the onset of the problem?

5. What caused the client to decide to enter counselling at this time?

III. Client's current life setting.

What is the background or context for the client's daily functioning?

1. How does the client spend a typical day or week?

2. What social and religious activities, recreational activities are present?

3. What is the nature of the client's vocational and or educational situation?

4. What special characteristics about the client, cultural, ethnic, religious, lifestyle, age, and physical or other challenges must the client address in an ongoing manner?

IV. Family History

1. Father's and mother's ages, occupations, descriptions of their personalities, family roles, relationships of each to the other and each to the client and other siblings.

2. Names and ages of brothers and sisters; their present life situations; relationship between client and siblings.

3. Is there any history of mental illness in the family?

4. Descriptions of family stability, including number of jobs held, number of family moves (and reasons), and so on. This information provides insights during later sessions

when issues related to client stability and/or relationships emerge.

V. Personal History.

1. Medical history: Include any unusual or relevant illness or injury from prenatal period to present.

2. Educational history: Academic progress through high school and any post-high school preparation. This includes extracurricular interests and relationships with peers.

3. Voluntary service history.

4. Vocational history: Where has the client worked, at what types of jobs, for what duration and what were the relationships with fellow workers?

5. Sexual and marital history: Where did the client receive sexual information? Any engagements and / or marriages/ other serious emotional involvement prior to the present? Reasons why previous relationship were terminated? What is relationship like with present spouse? What were the reasons (spouse's characteristics, personal thoughts) that led to marriage? Are there any children?

6. What experience has the client had with counselling, and what were the client's reactions?

7. Alcohol and drug use: Does the client currently use, or has the client in the past used alcohol or drugs, and to what extent?

8. What are the client's personal goals in life?

VI. Description of the client during the interview.

Here you might want to indicate the client's physical

appearance, including dress, posture, gestures, facial expressions, voice quality, tensions; how the client seemed to relate to you in the session; client's readiness of response, motivation, warmth, distance, passivity, etc. Did you observe any perceptual or sensory functions that intruded on the interaction? What was the general level of information, vocabulary, judgement, abstraction abilities displayed by the client? What was the stream of thought and rate of talking? Were the client's remarks logical? Connected to one another?

VII. Summary and recommendations.

In this section you will want to acknowledge any connections that appear to exist between the client's statement of a problem and other information collected in this session. What type of counsellor do you think would best fit this client (presuming you are only responsible for the intake). How realistic are the client's goals for counselling? How long do you think counselling might require?

Cognitive interventions

This examines the ways clients think themselves into problems, and describes interventions that the counsellor can use to reverse this situation. These interventions operate on mistaken beliefs, attitudes or patterns of thinking and give the client the tools to change to more productive and accurate thoughts.

Cognition's include our thoughts, beliefs, attitudes toward ourselves and others, and our perceptions of the world around us. Many people would say that they determine who they are, what they do, and how they feel. This view holds that errors in thinking, sometimes called faulty thinking, are especially likely to produce distressing emotions and/or problematic behaviour.

The application of cognitive therapeutic interventions is extensive. They have been applied as the primary intervention of such problems an anxiety reduction, stress management, anger control, habit control, obesity, depression, phobic disorders, and

sexual dysfunction. Characteristic's of clients who seem to have most success with cognitive interventions include:

- Persons of average to above-average intelligence
- Persons with moderate to high levels of functional distress.
- Persons not in a state of crisis, psychotic, or severely debilitated by the problem.
- Persons possessing an adequate repertoire of skills or behavioral responses.
- Persons able to process information visually or auditory.
- Persons whose cultural orientation is toward analytical activity.

Goals of Cognitive Intervention

The overall aim of any cognitive intervention is to reduce emotional distress and corresponding maladaptive behaviour patterns by altering or correcting errors in though, perceptions, and beliefs. Changes in behaviour or feelings occur once the client's distorted thinking begins to change and is replaced by alternative, more realistic ways of thinking about self, other persons, or life experiences (Beck, 1976).

Thus, a cognitive intervention is intended to alter a client's manner of thinking about a particular event, person, or in the larger context, life. Clients are viewed as direct agents of their own changes, rather than as helpless victims of external events and forces, over which they have little control.

Analysis of cognitive problem

Cognitive strategies are heavily reliant on a particular manner of problem assessment. We begin with the assessment. We begin

with the assumption that people construct their reality according to their beliefs and attitudes. Some of these constructions are distorted if our perceptions of self or others are distorted.

RET (Rational Emotive Therapy)

Most irrational beliefs are reflected in one or more of Ellis "eleven irrational beliefs" According to Ellis (1989), people both create and maintain unnecessary emotional distress by continually re-indoctrinating themselves with their irrational beliefs. Self-indoctrination is analogous to plain audiotape in one's head over and over again until the tape's contents are the only reality the person knows.

Eleven irrational Beliefs about Life

1. I believe I must be loved or approved of by virtually everyone with who I come in contact.

2. I believe I should be perfectly competent, adequate, and achieving to be considered worthwhile.

3. Some people are bad, wicked, or villainous, and therefore should be blamed and punished.

4. It is a terrible catastrophe when things are not as I would want them to be.

5. Unhappiness is caused by circumstances that are out of my control.

6. Dangerous of fearsome things are sources of great concern and their possibility for harm should a constant concern for me.

7. It is easier to avoid certain difficulties and responsibilities than it is to face them.

8. Past experiences and events are what determine my present behaviour; the influence of the past cannot ever be erased.

9. I should be dependent to some extent on other persons and should have some person on whom I can rely to take care of me.

10. I should be quite upset over other people's problem and disturbances.

11. There is always a right or perfect solution to every problem, and it must be found or the results will be catastrophic.

Behavioural Interventions

In this we examine how persons change patterns of behaviour that may have been in place so long that they are not aware of when or how the pattern begins. Some of these patterns relate to behaviours that interfere with the client's goals, hopes, or needs. Others are behaviours that are missing from the client's patterns of interaction, leading to failure to achieve desired goals, hopes, or needs.

Behavioral approaches also share much in common with other action oriented approaches to helping, particularly William Glasser's (1965; 1985) reality therapy. As Glasser and Zunin (1979) note, changes in behaviour that occur from reality therapy strategies also involve learning. They observer that "we are what we do, and our identity to get a great extent, we are what we learn to do, and our identity becomes the integration of all learned and unlearned behaviour". The reader will note that this sounds very much like the cognitive theorist's observation that "we are what we think".

Behavioral interventions share certain common elements:

1. Maladaptive behaviour (that which produces undesirable personal or social consequences) is the result of learning,

not illness, disease, or intrapsychic conflict.

2. Maladaptive behaviour can be weakened or eliminated, and adaptive behaviour can be psychological principles, especially principles of learning that enjoy some degree of empirical support.

3. Behaviour (adaptive or maladaptive) occurs in specific situations and is functionally related to specific events that both precede and follow these situations.

4. Clearly defined outline or treatment goals are important for the overall efficiency of these interventions and are defined individually

5. Helping interventions focus on the present rather that the past or future and are selected and tailored to each client's set of problems and concerns.

The Nature of Conflict

Many beginning counsellors look on conflict with aversive reactions, dreading its expression and feeling somehow responsible. Some counsellors, whose personal history includes, debilitating negative effects of conflict in childhood, will view conflict as something to be counselling session and in their personal lives. In Deutsch's (1973) opinion, however conflict also has positive value in society. In an open society, conflict is likely to stabilize by permitting immediate and direct expression of rival claims. He differentiates between destructive and constructive conflict, saying:

A) Conflict clearly has destructive consequences if its participants are dissatisfied with the outcome and feel they have lost as a result of the conflict. Similarly, a conflict has productive consequences if the participants are all satisfied with their outcomes and feel that they have gained as a result of the conflict.

Conflict between groups takes on an added dimension. Sometimes a group, manages its internal conflict by transferring it to opponent groups. This is particularly apparent in the case of juvenile gangs, where conflict within the gang is transferred to other gangs through territorial disputes, perceived insults etc.

Stages of Conflict Resolution

In many respects, conflict resolution is a special form of consultation. Hansen et al. (1990) takes this position and describes it as "third party consultation". Fisher (1994) describes a three-stage process for conflict resolution, which includes:

1. Conflict analysis. This involves sources and types of conflict and events that gave escalated the conflict to its present state; identifying needs, values, interest, and positions of the parties involved; perceptions of each party and facilitation of the exchange of perceptions and clarifications by each party; and clear and honest communication.

2. Conflict Confrontation. In this stage parties must in a face-to- face interaction under established rules of mutual respect, shared exploration, and commitment to resolution; recognize inter-group diversity and gender equality; be sensitive to cultural differences and power imbalances; persistently seek out mutually acceptable outcomes.

3. Conflict resolution. At this stage, the mediator encourages collaboration and problem-solving activity by both parties; and addresses human needs and seeks to build on the qualities of sustainable relationships between the parties. The parties disagreement and conflict.

Hansen Et Al. (1990) also describe a process of conflict resolution that includes:

Presence: This is the most benign of the stages. It implies that

the counsellor's presence may be enough in itself to influence openness and discussion of viewpoints.

Preliminary Interviewing: This step involves interviews with each party to the conflict, assessing substantive and emotional issues, openness to negotiate, and motivation to change.

Structured Meeting: This meeting should occur at a neutral site, diminish power differences between conflicting parties, establish rules of engagement, provide open – ended time for discussion, and enhance communication between conflicting parties.

Interventions into discussion: This may take the form of establishing the agenda, directing discussion to issues and alternatives, summarizing, translating, and providing feedback, and identifying alternatives.

Follow – up: When the conflict requires more than a single session, the counsellor plans, schedules, arranges meeting conditions, summarizes previous gains, identifies alternative courses of action, and facilitates decision making by both parties.

Conflict management as Prevention

Fisher (1994) identifies factors that often precede conflict. Among these are sensitivity to inter-group diversity and gender equality, cultural differences, power imbalances, etc. but in addition, skills associated with conflict management and peacemaking are often missing. Active listening, shared meanings, and focused questioning are necessary to the understandings that allow persons to be more tolerant, and less impetuous in their reactions to others.

Where do people learn these skills? Some of us have learned them in our families of origin. Some others learn them in their religious training. Most of us learn them through structured socialisation experiences in early school years. However, there are many who do not learn these skills and insights. For this reasons, prevention

programs have been developed that offer exposure and training in how to confront conflict, defuse its energy, and replace it with understanding and acceptance. Schools in U.S. have begun to adopt peer mediator programs in which students are taught how to be peer helpers when conflicts arise. Some school districts have even developed programs in which trained peer mediators wear distinctive shirts that identify them as resource persons when disagreements occur during school – time. Johnson (1994) describes the mediation procedure as a four step process that includes:

1. End hostilities

2. Ensure that the disputants are committed to the mediation process.

3. Help the disputants to successfully negotiate with each other ;and

4. Formalise the agreement.

If these initial interventions appear to be ineffective. The peer helper refers the participants to professional counsellors in the school.

Skills Associated With Conflict Resolution

The basic skill of conflict resolution involve negotiations and mediation processes. Deutsche (1994,) identifies several communication skill as basic to resolution intervention. These include: "active listening, taking the perspective of the other, distinguishing between 'needs' and 'positions', using 'I' rather than 'you' messages, reforming the issues n conflict to find common ground, being alert to the possibility of misunderstandings due to class and religion differences, etc." in addition, the mediator must know how to use open – ended and clarifying questions to obtain and use feedback, and finally, when and how to respond to existing cultural factors that influence communication. Because the professional counsellor will have these skills, conflict resolution programs often rely on the

counsellor for implementation. But there is another set of skills that contribute to the mediation assessment of individual investments in the problem, identification of alternative investments that the participants could accept, and negotiation of agreements that allow for peaceful settlements of differences.

Cultural Differences and conflict Resolution

When cultural differences are an apparent condition of the persons involved in the dispute, a cultural analysis should be conducted to determine whether or not cultural differences are a component of the misunderstanding or disagreement. According to Avruch and Black (1993), this is the first step in the process toward resolution. They describe culture as a lens through which the world is perceived and observe that persons assume their own normality of perceptions and "tend to assert the abnormality, the strangeness and bizarreness of other".

They quote Raymonde Carroll's (1988) description of cultural analysis as "a means of perceiving as 'normal' things which initially seem 'bizarre' or 'strange' among people of a culture different from one's own."

The process of cultural analysis involves:

a) being on the lookout for what might be interpreted as bizarre;

b) avoiding interpreting such events with value judgements such as "the English are cold", or "the French are just rude", having noticed the strange and having avoided moralizing it away, locating it within the cultural context of the person from whom it came (Avruch & Balck, 1993)

As conflict and violence grow in our schools, families, neighborhoods and the workplace, it becomes increasingly clear that we must develop more effective means to counter and prevent their occurrence. The skills inherent in professional counselling are

transferable to peer mediation training, conflict intervention, and conflict resolution. As a result, the professional counsellor has a role to play in this societal dilemma, both as a third party in intervention efforts and as a trainer in prevention efforts. In addition, the growing cultural complexity of our society adds to the potential for misunderstandings among people whose cultural lens shape their attitudes about what is normal or abnormal, natural or bizarre. Here too, the counsellor has much to offer in helping people develop communication processes that broaden their understanding of cultural and personal differences.

CHAPTER 3

DEFENSE MECHANISMS

Freud acknowledged the existence of several defense mechanisms, but his writings focused predominantly on repression, which he regarded as the major, most significant, and most often used defense. The first comprehensive study of defense mechanisms was written by his daughter Anna Freud in her landmark book The Ego and the Mechanisms of Defense, in which she maintained that everyone, normal or neurotic uses a characteristic repertoire of defense mechanisms. She also insisted that the ego should be the focus of psychoanalytic treatment, in addition to the uncovering of repressed drive derivatives. Her observation that "there is depth in the surface", reflected her appreciation of the complexity of the defensive aspects of the ego.

At each phase of libidinal development, specific drive components evoke characteristic ago defenses. The anal phase, for example, is associated with reaction formation, as manifested by the development of shame and disgust in relation to anal impulses and pleasures.

Defenses can be grouped hierarchically according to the relative degree of maturity associated with the defenses. Narcissistic defenses are the most primitive and are used by children and psychotically disturbed persons. Immature defenses are seen in adolescents and some nonpsychotic patients. Neurotic defenses are encountered in obsessive compulsive and hysterical patients and in adults under stress. And mature defenses are normal and healthy adaptive mechanisms of adult life. Defense mechanisms are classified into four types.

Narcissistic Defenses

Denial

The avoidance of the awareness of some painful aspect of reality by negating sensory data. Repression defends against affects and drive derivatives, but denial abolishes external reality. Denial may be used in both normal and pathological states.

Distortion

External reality is grossly reshaped to suit inner needs – including unrealistic megalomaniac beliefs, hallucinations, wish-fulfilling delusions and is used to sustain feelings of delusional superiority or entitlement.

Primitive idealization

External objects that are viewed as either "all good" or "all bad" are unrealistically endowed with great power. Most commonly, the "all good" object is seen as omnipotent or ideal, and the badness in the "all –bad" object is greatly inflated.

Projection

Unacceptable inner impulses and their derivatives are perceived and reacted to as though they were outside the self. On a psychotic level, it takes the form of frank delusions about external reality, usually persecutory, and includes both perception of one's own feelings in another and subsequent acting on the perception (psychotic paranoid delusions). The impulses may derive from the id or the superego (hallucinated recriminations) but may undergo transformation in the process. Thus, according, to Freud's analysis of paranoid projections, homosexual libidinal impulses are transformed into hatred and then projected into the object of the unacceptable homosexual impulse.

Projective identification

Unwanted aspects of the self are deposited into another person so that the person projection feels at one with the object of the

projection. The extruded aspects are modeled, by and recovered from the recipient. The defense allows one to distance and make oneself understood by exerting pressure on another person to experience feelings similar to one's own.

Splitting

External objects are divided into "all good" and "all bad", accompanied by the abrupt shifting of an object from the extreme category to the other. Sudden and complete reversal of feelings and conceptualizations about a person may occur. The extreme repetitive oscillation between contradictory self-concepts is another manifestation of the mechanism.

Immature Defenses

Acting out

The person expresses an unconscious which or impulse through action to avoid being conscious fantasy is lived out impulsively in behavior, thereby gratifying the impulse, rather than the prohibition against it. Acting but involves chronically giving into an impulse to avoid the tension that would result from the postponement of expression.

Blocking

A temporary or transient inhibition of thinking occurs in blocking. Affects and impulses may also be involved. Blocking closely resembles repression but differs in that tension arises when the impulse, affect, or thought is inhibited.

Hypochondriasis

Reproach arising from bereavement, loneliness, or unacceptable aggressive impulses to ward others is transformed into self-reproach and complaints of pain, somatic illness, and neurasthenics. An illness may also be exaggerated or overemphasized for the purpose of evasion and regression. In

Hypochondriasis, responsibility can be avoided, guilt may be circumvented, and instinctual impulses are warded off. Because hypochondriacal interjects are ego-alien, the afflicted person experiences dysphoria and a sense of affliction.

Identification

Identification, which plays a crucial role in ego development, may also be used as a defense mechanism under certain circumstances. Identification with the loved object may serve as a defense against the anxiety or pain that accompanies separation from loss of the object, whether real or threatened. If identification occurs out of guilt, the person identifies for self-punitive purposes with a quality or symptom of the person who is the source of the guilt feelings. The mechanism of identification with the aggressor, first described by Anna Freud, may also be enlisted as a defense mechanism.

Introjection

Although vital to the person's developmental stages, introjection also serves specific defensive functions. The process of introjection involves the internalization of the qualities of an object: when used as a defense can obliterate the distinction between the subject and t he object. Though introjection of a loved object, the painful awareness of separateness or the threat of loss may be avoided. Introjection of the feared object serves to avoid anxiety when the aggressive characteristics of the object are internalized, thus placing the aggression under one's own control. A classic example is identification with the aggressor. An identification with the victim may also take place, whereby the self-punitive qualities of the object are taken over and established within one's self as a symptom or character trait.

Passive-aggressive behavior

Aggression toward others is expressed indirectly through passivity, masochism, and turning against the self. Manifestations

of passive-aggressive behavior include failures, procrastination, and illnesses that affect others more than oneself.

Projection

A person attributes his or her own feelings and wishes to another person because of intolerable inner feelings or painful affects. Characteristically present in psychotic states, especially paranoid syndromes, projection is also widely used under normal conditions. In psychoses, projection takes the form of frank delusions about external reality, usually persecutory in nature, and includes the perception of one's own feelings towards another and subsequent acting on the perception.

Regression

Through regression, the person attempts to return to an earlier libidinal phase of functioning to avoid the tension and conflict evoked at the present level of development. It reflects the basic tendency to gain instinctual gratification at a less-developed period. Regression is also a normal phenomenon, as a certain amount of regression is essential for relaxation, sleep, and orgasm in sexual intercourse. Regression is considered an essential concomitant of the creative process.

Schizoid fantasy

Through fantasy, a person indulges in autistic retreat to resolve conflicts and to obtain gratification. Interpersonal intimacy is avoided, and eccentricity serves to repel others. The person does not fully believe in the fantasies or insist on acting them out.

Somatization

Psychic derivatives are converted into bodily symptoms, and the person tends to react with somatic manifestations, rather than psychic manifestations. In desomatization, infantile somatic

responses are replaced by through and affect; in resomatization the person regresses to earlier somatic forms in the face of resolved conflicts.

Neurotic Defenses

Controlling

An excessive attempt exists to manage or regulate events or objects in the environment to minimize anxiety and to resolve inner conflicts.

Displacement

An emotion or drive cathexis from one idea or object is shifted to another that resembles the original in some aspect or quality. Displacement permits the symbolic representation of the original idea object in a way that is less highly cathected or that evokes less distress than the original.

Dissociation

A temporary but drastic modification of a person's character or of one's sense of personal identity takes place to avoid emotional distress. Fugues states and hysterical conversion reactions are common manifestations of dissociation. Dissociation may also be found with counterphobic behaviour, dissociative identity disorder, the use or pharmacological highs, and religious joy.

Externalization.

A more general term than projection, externalization refers to the tendency to perceive in the external world and in external objects elements of one's own personality, including instinctual impulses, conflicts, moods, attitudes, and styles of thinking.

Inhibition

In inhibition, limitations or renunciations of ego functions occur consciously, alone or in combination, to evade anxiety arising out of conflicts with instinctual impulses, the superego, or environmental forces or figures.

Intellectualization

Closely allied to rationalization, intellectualization is the excessive use of intellectual processes to avoid affective expressions or experiences. Undue emphasis is focused on the inanimate in order to avoid intimacy with people, attention is paid to external reality to avoid the expression of inner feelings, and stress is excessively placed on irrelevant details to avoid perceiving the whole.

Isolation

Isolation is the splitting or separation of an idea from the affect that accompanies it but is repressed. Social isolation is the absence of object relationships.

Rationalization

Rational explanation are offered b y a person in an attempt to justify attitudes, beliefs, or behaviour that may otherwise be unacceptable. Such underlying motives are usually instinctually determined.

Reaction formation

An unacceptable impulse is transformed into its opposite. Reaction formation is characteristic of obsessional neurosis, but it may occur in other forms of neurosis as well. If the mechanism is frequently used at an early stage of ego development, it can become a character trait on a permanent basis, as in obsessional character.

Repression

An idea or feeling may be expelled or withheld from consciousness in repression. Primary repression is the curbing of idea and feelings before they attained consciousness; secondary repression excludes from awareness what was once experienced at a conscious level. The repressed is not really forgotten in that symbolic behaviour may be present. Repression differs from suppression by effecting the conscious inhibition of impulses to the point of losing and not just postponing cherished goals. The conscious perception of instincts and feeling is blocked.

Sexualization

An object or function is endowed with sexual significance that it did not previously have or that it possessed to a smaller degree in order impulses or their derivatives.

Mature Defenses

Altruism

The person undergoes a vicarious experience by means of constructive and instinctually gratifying service to others. Altruism includes benign and constructive reaction formation. Altruism is distinguished from altruistic surrender, in which a surrender of direct gratification or of instinctual needs takes place in favour of others to the detriment of the self and in which the satisfaction can be enjoyed only vicariously through introjection.

Realistic anticipation

Realistic anticipation of or planning for future inner discomfort that is goal-directed implies careful planning or worrying and premature but realistic affective anticipation of dire and potentially dreadful outcomes.

Asceticism

The pleasurable effects of experiences are eliminated. There is a moral element in assigning values to specific pleasures. Gratification is derived from renunciation is directed against all base pleasures perceived consciously

Humor

Humor permits the overt expression and thoughts without personal dosconmobilization and does not produce ant effect on others. It allows the perorate and yet focus on what is too ten borne; it is different from wit, a form of meant that involves distraction from the issue.

Sublimation

Impulse gratification and the retention are achieved, but the aim or the aim or the object from one that may have been sociationable to a socially acceptable one motion allows instincts to be changes than blocked or diverted. Feelings are edged, modified, and directed a goal, and modest list infection occurs.

Suppression

A conscious or semiconscious attention to a conscious impulse. Issues may be deliberately but they are not avoided. Discomfort knowledge but minimized.

The False Self

All major schools of therapy speak about this false self. The Jungians call it the persona (the mask). The T. A. people call it he adopted child.

The social construction of Reality

Each of us is born into a social order that has already arrived at a "Consensus reality". This phrase is used by sociologists to describe the product of our social construction of habit.

As we humans act in repetitious ways, necessitated by circumstances relating to survival, these repetitions become habitual. This habitual behaviour soon become socially acceptable ways of behaving. They are socially agreed upon. After while, these socially agreed upon habitual ways of behaving become what sociologists term 'legitimized'. After being legitimization gradually evolve into laws of reality. We no longer question them. We accept them: they are predictable. They insure our security. If someone tries to change them, we get very upset.

Life Scripts

Eric Berne, the founder and original creator of Transactional Analysis, developed the nation of life scripts. He observed the fact

that a part of the population live very tragic lives. Their lives are tragic because they seem to have no choice. They are like Actors playing their roles according to a script. Berne felt that the majority of he population acted out banal or melodramatic lives.

The formation of scripts is complicated. The core mechanism of the prices occurs by means of choices resulting form injunctions and attributions, scripts modelling and life experiences.

Injunctions

Injunctions come form the shame-based child and they are usually non-verbal. They take the form of messages like don't be, don't be a girl, don't be a boy; don't be important or successful. All toxic scripts have the injunction "don't be you"; An injunction shames the authentic self and causes self-rupture.

Attributions are more conscious and usually come form verbal emotional abuse.

A person's experience help to share the script. What is happening in the family is a major factor in script formation.

Family system Roles

All families have roles. The father and mother play their roles of modelling, what is to be a man or woman, father or mother. Parents also model how to be intimate, have boundaries, cope with problems, fight fair, problem solve, etc. The role of children is to be curious and to be learners. Members of a healthy family have flexible roles. The dysfunctional family system roles are where we lose our reality. Over a period if times the fact that we are playing a role becomes unconscious.

Counselling and psychotherapies are used to heal the client by undoing the crippling ego defenses. Those of our clients who come from dysfunctional families, remain in these defenses, but their ability to adjust an interact effectively with the environment and to

grow in a relationship are lost due to the blocks of these defenses. But through patterns and enter into life with all spontaneity. Again a wounded self had a lot of unhealthy emotions and feelings. The greatest of such feelings are guilt, shame, anger and fear. let us see what shame and guilt do to a person.

Healthy Shame

Shame is an emotion difficult to define. There are two types of shame: nourishing healthy shame and toxic shame. It has its own limitations. Even compared to life itself it is limited. Human beings are limited also. None of us had unlimited power. We are definite and limitation is our essential nature. Problems will definitely arise when one refuses to accept one's limits. Each one had his own boundaries. We go this way and that and waste a lot of energy.

Healthy shame keeps us grounded. 'Healthy shame is the basic metaphysical boundary' for human beings. Healthy shame gives us permission to be human. It allows us to know our limits. we have better boundaries and therefore a lot of energy is not wasted. Healthy shame allows our energy to be integrated rather than diffused.

Shame as a development Stage

According to Erik Erikson, a sense of shame is a part of the second stage of psychological development. During childhood one needs to establish a sense of basic trust, which should be greater than mistrust. We need to trust the world in order to develop an interpersonal bound. When security and trust are present we develop an interpersonal bond which leads to maturity. He says that it is crucial part for our self-worth. We are 'we' before we are 'I'.

The interpersonal Bridge

The relationship between a child and caretakers gradually evolves out interest along with shared experiences to trust. As trust grows an emotional bond is formed. The interpersonal bond is strengthened by certain experience we have come to accept and depend on.

Once basic trust has been established, the child is in a position to develop shame. It can be healthy or toxic.

Development of healthy Shame

At about 15 months the child begins to develop musculature. Usually from 15 months to 3 years children are called the terrible two's because children begin to explore by touching tasting and testing. When they are thwarted, like every 3 minutes, they have intense anger and temper tantrums.

The Child's needs

In brief, the parents or undertakers should never pamper the child to a limit beyond boundaries. There should be healthy boundaries nut not ignoring the child's needs and also give positive strokes, which help the child for a healthy development.

Shame as Embarrassment and Blushing

Here as a person is caught off guard - he blushes. He may feel ignored due to physical clumsiness, and develop an interpersonal sensitivity. Blushing is the manifestation of human limits. With blushing, we know we have committed a mistake. Blushing as the manifestation of a healthy feeling of shame, keeps us in ground and is a signal not to be carried away with our own excellence. Shame as shyness is healthy emotion, which is a natural boundary and guards us from being exposed to or wounded by a stranger. It may at times trigger embarrassments. Shyness can be a serious problem when it is rooted in toxic shame.

Shame as the basic need for Community

Each one needs one. Man is a social being. None of us are so strong as if he does not need love, intimacy and dialogue in community. Shame reminds us of our limits. Our shame functions as a healthy signal that we need help. Without the healthy signal of shame, we would not be in touch with our core dependency needs.

Neurotic Syndromes

Toxic shame says that you are defective as a human being. It gives a sense of worthlessness, a sense of failing and falling short as human being. It is like internal bleeding. A person with shame will guard against exposing himself to other (as well as to himself). It's favorite failure of self to self. When you don't trust yourself a feeling of unworthiness sets in. It is paradoxical and self generating. He is usually by a sense of emptiness and absence.

False Self

Because the exposure of self lies at the heart neurotic shame, escape from the real self is necessary. This is done by creating a false self. The authentic self goes into hiding. Years later the defense and pretence are so intense that one loses all awareness of who he really is.

Grandiosity - The disabled Will

Toxic shame also wears the face of grandiosity. Grandiosity is a disorder of the will. It can appear as narcissistic self - enlargement or wormlike helplessness. Each exaggerates. One is more than human; the other is less than human. It is important to see that the less than human, the hopeless one, is also grandiose. Hopelessness says that nothing and no one could help me. I'm the sickest of the sick or I'm the "best worst" there ever was.

Addiction

Neurotic shame is the root and fuel of all compulsive addictive behaviours. The drive and urge in any addiction is about they ruptured self, the belief that one is flawed as a person. Each addictive acting out creates life-damaging consequences, which create more shame. The new shame fuels the cycle ofr addiction. In fact, addicts can't love themselves. This deep internalised shame gives rise to distorted thinking. The mental obsession about the specific addictive relationship is the first mood alteration since thinking takes us out of our emotions. What follows is the feeling of shame over one's

behaviour and the life-damaging a consequence-the hangover, the infidelity, the demeaning sex, the empty pocket book. 'I am no-good'. There is something wrong with me' plays like a broken record. The more it plays the more one solidifies one's false belief system. The toxic shame fuels the addiction and regenerates itself.

Guilt

Toxic shame needs to be sharply distinguished from guilt. Guilt can be healthy or toxic. Healthy guilt is the emotional core of our conscience. Guilt presupposes internalised rules and develops much later than shame. Guilt is developmentally more mature than shame. Guilt does not reflect directly upon one's sense of personal worth. It flows from an integrated set of values.

Character Disorder - Narcissistic personality disorder

The Narcissist is endlessly motivated to seek perfection in everything he does. Such a personality is driven to the acquisition and admiration if his grandiosity.

Paranoid Personality

The paranoid defense is a posture developed to cope with excessive shame. The paranoid person becomes hyper vigilant, expecting and waiting for the betrayal and humiliation he knows is coming. The paranoid person interprets innocent events as personally threatening and lives constantly on guard.

Physical and Sexual Abuse

The physical offender was once a victim who was powerless and who was humiliated. Physical abuse can trigger compulsive reenactment of the abuse either toward oneself, one's spouse or one's children. Internalised shame maintains the process.

Sexual abusers are most often sex addicts. Sometimes they are re-enacting their own sexual or physical violation. Sexual abuse generates intense and crippling shame, which more often than not, results in a splitting of the self. Incest and sexual abuse offenders

are fuelled by internalised shame. The victimization could be incest, molestation, rape, exhibitionism, indecent liberties or phone calls. In every case there is an acting out of shame and a victimization of the innocent.

Shame & Guilt in Child Abuse Trauma

Main feeling of a trauma are shame and guilt. The Child lives in a make believe world. Female children take a lot, suddenly when a father does an oral sex the child is confused. She is dirty, because her feelings are outside her range. It is a feeling affect. She cannot understand the feeling as, most of the abuse happens by a known person like a relative, neighbor or cousin.

The witness of violence feels the same trauma as the sex abuse. The Child feels responsible for the behaviour of the father. Child cannot do anything in that situation. He is carrying a big burden. In Psychotherapy and counselling, an adult may get graphic memories of these abuses. Adults are in a different world. The Child's world and range of vision and affect are different. The Child cannot verbalize the experiences of childhood. Child identifies with its parents. The contact and the intimacy of the child with the parents and the intimacy between the parents also affect the child's trust. The feeling of shame genuine and real feeling. The Child feels responsible for the adult person's behaviour. Guilt has a specific target. There is something wrong that I am not take other human being. The Effect of trauma experience is overwhelming. When a child is overwhelmed, he or she feels helpless and hopeless. Their behaviour will tell what happens to them, e.g. stuttering and wetting of bed, rebellious behaviour. The idea of trauma came to psychotherapy from shell shower of Vietnam war. Soldier showed sings and symptoms of shock. Any experience outside of normal limit is a trauma. When children are abandoned by parents, they go into trauma. Sex Abuse also takes the child into a world of tremendous fear. These feelings of fear are a defense mechanism as there is no way of dealing with these experiences. The whole process of suppressing and repressing happens due to the pain and fear. With

the trauma the "me" of the person is affected. So there is dissociation of the personality. There will be split and disconnected feeling in the person. The Child who is shamed feels bad. There alienation from the self. There is the expression of something wrong with me. The child takes two responses to trauma. So there is either fight or flight. There are signs and symptoms of wetting the bed. That is an indication of dissociation. There will be change in thee physical body. There is arrested growth in the body due to trauma. The Child takes all the feelings and shuts off. The feelings are numbed down. It is a line of whole lot of feeling not just fear or anger alone. But the whole range of feelings of all kinds both positive and negative shut down and numbed . The Child loses himself to protect himself. Certain feelings are more numbed out than others. Abuse is a violation of one's boundary. There is a deep inside rage-which is a difference. The projection of anger and rage will be to authority. The Child grows up in a world where he belongs with the idea and perception that is normal. Co-dependency is the result of the loss of sense of self. The Child is more sensitive to others than to one's own self. The effects are different in every single child. The Effect does not depend on magnitude of abuse.

The Recovery

The Sense of self starts shrinking with trauma. Hence in recovery we work on the sense of self that concept of self. The feeling of self importance comes with appreciation and affirmation. Thus once goes into self acceptance with positive and negative aspects of self. The lost childhood and fractured inner self are to be structured again. The Child feels away from self, God and others. Childhood experience is necessary for growth. The Child identifies with the environment. Dreams are very important to work with in recovery therapy. Abused children have problems with intimacy. Compensation mechanism of reading and excellence in studies could be replaced in the area of play and hobbies. Compensation is done by the family to keep up the homeostatic in a dysfunctional family. So family therapy is equally important in recovery programme through A. A. Alanon and Al-atten or twelve step spiritual therapies.

Due to physical or somatic deprivations the acting out of compulsive behaviour need to be handled in recovery. Revictimising and continuing in a compulsive behaviour is a common problem in abuse. The chance of repeating the victimised role is easier than a newly learned pattern of recovery. Letting down the other could be also achieved through compulsive disorder. We have to teach the client that crisis is not bad. When a door closes in life, another door opens.

Self Abuse

By growing in a dysfunctional family, one does self abuse even after the abuser is gone. In the recovery process self love and attending to self need are very important. Some become so responsible and start working too hard leading to workaholism. Deflated sense of self can make one totally independent or dependent that interdependent. one may deny gifts of oneself due to lack of self expression. Certain masturbatory habits show symptoms of anger and shame. Such a person may be expressing childhood emotional deprivation.

The process of recovery could be summarised in the following way. Through re-experience and re-enactment, one could be made-in touch with the trauma. The feelings are really experienced once again. We are touching on these methods through flooding therapy and Gestalt therapy. We could do it in a group in one to one Psychotherapy. Memories, which are vivid, will come back. In a group if one opens up, it triggers others experiences. It needs to be turned out. Expressive therapies such as dance, picture drawing, journalising are useful to handle post traumatic stress management. Through these therapies the blocks are removed. One learns to attend to one's own feelings both positive and negative. When one learns to accept feelings with awareness, recovery is taking place.

PART II
PSYCHOTHERAPIES

PSYCHOTHERAPIES

Introduction

Not letting others know who we really are keeps us continually off balance while in their presence. Risking full openness, even with friends, is not easy; however; the pain that accompanies secret – keeping far exceeds the potential pain of self-revelation. There are always unexpected gifts for our complete honesty. By revealing ourselves, we discover that we are like others. We are not unique in our shame, guilt or selfs- abhorrence. When we decide to open ourselves to others strengthen our attachments and diminish our pain of alienation, we slowly begin to sense our equality, and we experience mutual trust. Sharing ourselves is the biggest gift we can give to another and it does take away the guilt that diminishes each of us. Freedom from secrets nurtures healthy personal growth. By revealing ourselves to another, we are free to try new behaviours and move into unfamiliar directions. Remember that my burdens are only as heavy as the secrets that I hang on. Every time a man unburdens his heart to a person, he reaffirms the love that unites humanity.

The following therapies are given as a means of self-revelation to a significant person. We all need meaningful relationships to grow. Revealing ourselves totally is the way we allow ourselves to let go and let grow.

CHAPTER 4

GESTALT THERAPY

"Although the world is full of suffering,

It is also full of overcoming of it"

Helen Keller

Definition of Gestalt

The German word Gestalt is not translated in to a single English term. It embraces such a wide variety of concepts: the shape, the pattern, the whole form, the configuration. It cannotes the structural entity which is both different from and much more than the sum of its parts. Fritz perls was the colorful and Iconoclastic originator of gestalt therapy.

The idea of the family provides a useful example. A family is made up of separate members, each with his or her individual psychologies. One could analyse each of them with out seeing the other, but the way in which the family operates as a systemic whole is uniquely more than and different from, the sum total of the individual psychologies of the family members.

The major aim of the gestalt therapy is for a person to discover, explore and experience his or her own shape, pattern and wholeness. Analysis may be part of the process, but the aim of gestalt is the integration of all desperate parts. In this way people can let themselves, became totally what they potentially can become. This fullness of experience can be available to them both in the course of their life and in the experience of a single moment.

The gestalt approach to counselling

The cognitive and experiential wholeness of every person, every moment, every event is similarly central to the gestalt approach to counselling. There are some research indications that the two different hemispheres of the brain control different functions. These functions are not simplistically discrete but show a differential emphasis. In a right-handed person the left hemisphere is most often associated with logical thought, causal sequences and deductive reasoning. The right hemisphere is most often associated with the grasp of rhythms, spatial relationship and institution, gestalt is an approach which emphasizes right hemispheric, non-liner thinking-not at the expense of other ways of knowing but as a complement to these. Thinking with the right side of the brain applies the kind of intuition. Which can, for example, lead aware people to sense the emotional climate of the family as a whole from the atmosphere in its living room. A very tidy room with bare walls and functional furniture creates a different gestalt from a softly upholstered room with pictures, flowers and space to sprawl.

Gestalt is also theoretically an integrate approach to counseling rooted an existential orientation which combines psychoanalytic knowledge with procedural inventiveness through use of three primary devices relationship, awareness and experiment.

Assumptions about using the gestalt approach to counseling can be summarised as follows.

1. A person is a whole and is (rather than has) a body, emotion, thought, sensations and perceptions all of which function Interrelatedly.

2. A person is part of his or her environment and cannot be understood apart from it.

3. People are practice rather than reactive. They determine their own responses to the world.

4. People are capable of being aware of their sensations, thoughts, emotions and perceptions.

5. People, through self-awareness, are capable of choice and therefore responsible for their behavior.

6. People possess the potential and resources to live effectively and to satisfy their needs.

7. People can experience themselves only in the present.

8. The past and the future can be experienced only in the now through remembering and anticipating.

Fundamentals of the gestalt approach to counseling

1. The therapeutic relationship

Gestalt practitioners affirm, in addition, the primary values of the living existential encounter between two real human beings, both or whom are risking themselves in the dialogue of the healing process. The central focus is the moment-by-moment process of the relationship between the client and the counsellor. In this encounter, the goal is a full and complete authentic meeting between these two people.(Naturally such a meeting may, include each experiencing existential separation and essential aloneness) The development of the capacity for genuine relationship forms the core of the healing process and has been described as a relationship basically characterized by dialogue-a dialogic relationship.

2. Wholeness:

A cornerstone of the gestalt approach is its emphasis on the wholeness of the person in the counselling relationship, not just the intrapsychic or merely the interpersonel dimension. In the counselling process different aspects of a person may be emphasised at different times. These will probably include intrapsychic, behavioural physiological, affective, congnitive, and spiritual aspects of the clients life. The counsellor, however, will always have as a guiding principle

the integration of all the many facts of that unique individual. The acceptance and celebration of this multi-dimensional wholeness is also considered a possible goal for the client. This is not imposed up on the client, but is based on a belief that human beings wants to experience their wholeness, individual richness and integration of diversity.

Gestalt approach is essentially realistic and integrative because it takes in to account both the dark and regressive aspects of being human and also of our innate strivings towards health, happiness and self-actualisation. Gestalt does not deny the irrational roots of hatred, envy and fear at individual and collective levels. In this sense it seeks to actualise and celebrate life in all its varied richness. It is based on the absolute in-separable unity of bodily experience, language, thought and behavior.

3. Self regulation

In gestalt a person is seen as having a natural or organismic tendency of contacting the actual transient present, and saw ego, and personality as separate partial structures of appearances of the self, mistaken for the whole function of the self. Self be defined as the system of awareness at the boundary between self and that which is not the self. It is also the evaluation of this process.

Inorder to grow and develop people strive to maintain a balance between need gratification and tension elimination. Gestalt is a need-based approach. By stressing needs it places a very important focus on motivation which is lacking in many other approaches to psychotherapy. It assumes that whenever an imbalance occurs with in the person or in relation to environment, this imbalance will be experienced as a dominant figure against the background of that persons other experiences. The healthy person differentiates this meaningful need responds to it appropriately, thereby restoring the balance, releasing new energy and allowing the next important need to emerge.

4. Increasing awareness by Enactment:-

This approach uses dramatization of some aspect of a person's life, within a counselling session or growth. This is how the postures are useful in the method. "It may start from a statement he makes, or from the gesture, eg., if he makes a small gesture, we may ask him to extent this movement to a fuller dimension. Suppose when he does he finds that the movement feels like a lion sitting on its two leg, we ask how that feels. He says it makes him want to growl. Tell him to go ahead and growl. He does it and with this he begins to move around the room, pawing at people. By the time he is done, he had frightened, some people, amused others, beguiled others and discovered his own held-in excitements. This excitement shows him a new side of himself – the power side, the animal side, the side that moves vigorously into contact – and he begins to realise something of what he had been missing in life.

This method can be used in a variety of forms, e.g., to enact and work through an unfinished energy-wasting experience from the past or to enact a polarity in one's life-being devilish angelic – to help one to 'own' and integrate both sides.

To get inside this approach, "close your eyes and imagine some animal that you would like to be. Now, open your eyes and be that animal for several minutes. Let yourself go, making the appropriate sound, and movements. " Do this until it feels finished. What feelings did you experience? Did you discover any new aspects of yourself? Share your experience with a friend or to the group.

5. Take back your power and response ability:-

Gestalt therapy uses a variety of methods to help people become aware of and interrupt the process of giving their power away to other people and to circumstances. For example the next time you are anxious about something you have to do in the future, try completing the sentence as many times as possible. "Right now I'm frightening myself with the fantasy that....". You will probably discover catastrophic fantasies and expectations to which you are

giving your power (to do your best) away. By separating your fantasies from whatever is real in your fears, you can use your energy to prepare to handle the reality situation effectively. Make a series of statements beginning with the words. "I'd like to do the following , but I can't ....." Repeat the statement changing all the "cants" to "wont's". Be aware of how you feel when you make the changing.

Here is another power-responsibility reclaiming approach. Close your eyes and imagine that you are a client in therapy wrestling with a different personal problem. The therapist says to you: I'd like to use you as a consultant. What advise would be helpful to you in this situation?" Be aware of your feelings as the therapist affirms your potential wisdom and gives responsibility for your therapy back to you.

6. The Empty Chair Dialogue:-

This approach has a wide variety of uses in counselling and growth groups. The method is invaluable in helping those experience painful losses to do their "grief work". By bringing into the open and perhaps finishing the energy-depleting inner dialogue (usually of guilt and anger) with the lost person. The individual, in fantasy, puts the person with whom he or she had unfinished feelings, in an empty chair and then alternately speaks to and for the process. It is important to encourage the person to continue this dialogue until some resolution has occurred, as shown by the person's experience of inner quiet and increased energy. Many of us are carrying around "ghosts" of powerful unfinished feelings about long-lost relationships. The increased flow of creative energy, when these feelings are worked through often is dramatic.

It is possible to use the dialogue method as a self-help technique, e.g., Perls after his father's death, went alone to the cemetery and carried on an extended dialogue with his dad whom he carried in his memory, expressing some of the unfinished feelings of sadness and anger, guilt and love and gratitude about their relationship. The empty chair method can also help in working through

feelings about people who are still alive but with whom direct confrontation is either impossible or probably unproductive, e. g., a rigid boss on a job you still want to keep, an aged parent with whom an open confrontation would be destructive or an ex-spouse toward whom one had energy – wasting resentments.

Empty chair work can help people re-own rejected, 'alien' parts of themselves. It can also help resolve conflicts between different aspects of one's personality. We waste enormous quantities of life and energy in the civil wars among potentially complementary parts of ourselves.

Here is an awareness exercise to let you experiment with such a dialogue. Close your eyes and picture a chair in your imagination. Put the part of yourself that feels weak, inadequate and one-down in the chair. Be aware of how that person in the chair feels. Now picture another part of yourself – the part that feels strong, effective, competent standing so as to look down on the person in the chair. Be the standing person now, and give the sitting one a lecture to get that person to shape up. Put your feelings into what you are saying. How does the one in the chair feel and respond? Carry on a dialogue between the two for a while, first being one and then the other. Be aware of the feelings stirred up in each person by the dialogue, the power in each position, the energy consumed by the conflict, the increasing polairsation that occurs. Now, see if you can change the dialogue so that it leads to reconciliation between these sides of yourself (which Perlsl calls the "undergo and the top dog").

7. Dream Work:-

According to Gestalt theory dreams are messages about the holes in one's personality Gestalt. Each person or a thing in a dream work is a disowned part of the dreamer. The person is invited to tell the dream or act it out, not as a story from the part, but in the present tense, and then finish the dream fantasy. Here is how Fritz Perls described the use of dream in one's own growth work. In Gestalt therapy we don't interpret dreams. We do something more interesting

with them. Instead of analyzing the further cutting up of the dream we want to bring it back to life... to relive the dream as if it were happening now.

You can do a tremendous lot for yourself on your own. Just take nay old dream or dream fragment, it doesn't matter. As long as a dream is remembered, it is still alive and available, and it still contains an unfinished, unassimilated situation. If one wants to work on one's own one must write down the dream and make a list of all the details in the dream. Get every person, every thing, every mood and then work on these to become each of them hang it up.... Really become that thing... turn in to that ugly frog or whatever is there – the dead thing, the live thing, the demon – and stop thinking. Lose your mind and come to your sense. Every little bit is a piece of the jigsaw puzzle, which together will make up a much larger whole – much stronger, happier, more complete and real personality.

Then the person has different parts of the dream dialogue with one another "As the process of encounter goes on, there is mutual learning until we come to a oneness and integration... then the civil war is finished, and your energies are ready for your struggles with the world".

The attitude of the counsellor

To practice the gestalt approach means that the counsellor uses himself or herself actively and authentically in the encounter with the other person. It is more a 'way of being and doing' than a set of techniques or a prescribed formula for counselling. Gestalt is characterised by willingness on the part of the counsellor to be active present as a person and interventionist in the counselling relationship. This is based on the assumption that treating the client as a human being with intelligence responsibility and active choices at any moment in time is most likely to invite the client in to autonomy, self healing and integration.

The place of technique in gestalt therapy

The gestalt approach to counselling can embrace a wide variety of diverse but specific techniques within an holistic frame of reference which integrates mind and body, action and introspection. Techniques are not prescribed but gestalt practitioners are encouraged to invent appropriate 'experiments' which invite people in to heightened experience of the body-mind, self, authentic encounters with meaningful others and an impactful relationship with the environment. The richness of techniques in gestalt is constrained only by the personal limitations of imagination, intellect or responsiveness of individual counsellors or clients. In gestalt technique is secondary to the therapeutic relationship. In practice the greatest respect is accorded to the relationship between two whole people. Most modern gestatis would adopt therapeutic relationship characterised by dialogue rather than invasion or deprivation. The Gestalt approach emphasises the widest possible range of openness, flexibility and structure depending on the needs of each particular moment in the healing process.

The here and now

The familiar here and now refers to the whole person environment field at any particular moment, including fantasies and plans about the future and memories and experiences about the past, relieved in the freshness of now.

The person's life space constitutes the there and now zone which includes the persons current existence, his or her real life-both in the counselling relationship and outside of it.

Here and now also refers to the centrality of the therapeutic relationship, its continuity and its history as well as to other contexts which influences this relationship such as referring agencies.

The basic principles of gestalt therapy include.

1. Gestalt therapy is phenomenological: Its only goal is

awareness and its methodology is the methodology of awareness.

2. Gestalt therapy is based wholly on dialogic existentialism

3. Gestalt therapy's conceptual foundation or worldview is gestalt, based on holism and field

Theory.

Gestalt brings to any counselling process a focus on immediacy relationship and experimentation. It supports and values creativity and spontaneity as well as intelligence in the therapeutic encounter. The gestalt approach also, along with the other humanistic approaches contributes a faith in. It is compatible with any other approach which emphasizes the unique individuality and responsibility of each human being as he or she freely creates a future in the present moment.

CHAPTER 5

SUBSTANCE DEPENDENCE

"We see how life springs from sorrow and tribulation,

while death results from ease and pleasure."

John Wu.

Definition and Characteristics

According to Edwards et al. (1977) there are seven elements in the alcohol dependence syndrome which include:

1. The feeling or being compelled to drink. The dependent is aware that he is not sure of stopping drinking once started; during his attempt to give up drinks, he experiences craving.

2. A stereotyped pattern of drinking. The dependent takes drinks at regular intervals to relieve or avoid withdrawal symptoms.

3. Primacy of drinking over other activities. The individual dependent on alcohol, gives priority for drinks over all other activities.

4. Altered tolerance to alcohol. The dependent is relatively unaffected at blood levels of alcohol that would incapacitate others; this tolerance increase with increasing dependence.

5. Repeated withdrawal symptoms. Withdrawal symptoms appear in heavy drinkers immediately after a drop in blood alcohol concentration.

6. Relief drinking. As withdrawal symptoms follow cessation of drinking, dependent would take a drink immediately on waking to get relief from withdrawal symptoms.

7. Reinstatement after abstinence: A dependent drinks again after a period of abstinence, relapses quickly and totally returning to the old drinking pattern.

According to ICD-10(WHO, 1992) dependence is a "cluster of psysiological, behavioural, and cognitive phenomena in which the use of a substance or a class of substances take on a much higher priority for a given individual than other behaviours that once had greater value. A central descriptive characteristic of the dependence syndrome is the desire(often strong, sometimes over powering) to take psycho active drugs(which may or may not have been medically prescribed), alcohol, or tobacco. There may be evidence that return to substance use after a period of abstinence leads to a more rapid reappearance of other features of the syndrome than occurs with non-dependent individuals".

Alcoholism and personality

Alcoholics are frequently described by clinicians as well as by journalist and other non-professionals in the field as being maladjusted, emotionally immature, socially isolated and poorly integrated, and lacking impulse control, having difficulties in coping with frustrations or tensions, suffering from feeling of unworthiness, guilt, depression and low self-esteem.

Personality trait theorists have sought to find a consistent set of characteristics that correlate with the development of alcoholism. Although no unique, premorbid alcoholic personality has been discovered, there exists some empirical evidence to suggest that alcoholics show a cluster of personality traits once they drink: low stress tolerance, dependency, negative, self-image. Feelings of isolation, insecurity and depression (Singhal, 1989). A large number of studies have generally failed however to identify any specific

personality trait that clearly differentiate alcoholic from other deviant group or persons judged to be "normal". Sutherland et al. (1950) and Syme(1957) concluded that no satisfactory evidence has been discovered that justifies the conclusion that persons of one type are more likely to be alcoholics than persons of another type".

Alcoholism is a state of physical and psychological addiction to the psychoactive substance ethanol. It was once viewed as a vice and dismissed as 'sinful' but over the years, there has been a shift from this perspective to one that views alcoholism as a disease.

Diagnosing Alcoholism

Block (1980) has found the following questions useful in recognizing the early stages of alcoholism:

1. Does the patient desire to drink frequently?

2. Does the patient need to drink at a certain time of day? For example, does he or she anticipate drinking in the evening? Does he or she use alcohol to go to sleep?

3. Does the frequently of the patient's drinking go beyond ritual socializing? Is he or she more interested in getting high and maintaining that state? Is he or she disappointed if drinks are not served at a restaurant or party?

4. Is the patient's drinking criticized by his or her spouse or friends? Does he or she resent these remarks?

5. Does the patient drink to relieve discomfort or tension of any kind?

6. Does the patient take care to keep a good stock of liquor, "just in case"?

7. Does the patient prefer the company of those who drink as he or she does and avoid people who do not drink?

States of alcohol dependence

Early research by Jellinek (1952) focused on three stages of alcohol addiction: (1) the prodromal stage (2) the middle, or crucial stage; and (3) the final, or chronic stage.

Prodromal stage

Jellinek's (1952) term for early addiction to alcohol, the first stage

Crucial stage

Jellinke's (1952) second stage of alcohol addiction

Chronic stage

Jellinek's (1952) third stage of alcohol addiction

In the first stage, the individual develops a reputation for excess drinking and is frequently referred to as "a great party person". It is not unusual for this person to drink to excess and not be able to recall what happened the night before. Such black – outs are characterized by not remembering specific events while under the influence. The advanced prodromal stage includes defensiveness about drinking, gulping drinks, and excessive consumption of alcohol, more than that of peers.

During the middle, or crucial, stage the individual is aware that perhaps he or she is drinking excessively; attempts may be made to modify the amount of drinking that appears to be excessive. He or she may also attempt to implement discipline by surreptitiously abstaining for days or weeks. The individual at this stage begins to drink alone for the first time. After repeated excessive drinking, he or she may set limits as to when drinking is permissible, for instance, no drinking until after a certain hour of the day. Sexual appetite is diminished at this age of alcohol abuse, and it is not unusual for the individual to cancel appointments or call in sick at work. In sum, this stage is characterized by a loss of control over drinking, hidden the problem, and a number of health problems.

The chronic stage occurs after several years, generally during the middle years of life. Drinking has become uncontrollable, often going on for days at a time. Hospitalisation for alcohol-caused symptoms may occur several times a year at this stage.

Causes of alcoholism

There is no generally agreed upon model of how alcoholism starts; multiple circumstances are probably required to make a person become a problem drinker. A report by the co-operative commission on the study of Alcoholism suggests that an individual who displays the following characteristics are more likely to develop trouble than most other persons:

1. Responds to beverage alcohol in a certain way, perhaps physiologically determined, experiencing intense relief and relaxation.

2. Has certain personality characteristics, such as difficulty in dealing with others and difficulty in overcoming depression, frustration, and anxiety.

3. Is a member of a culture in which there is both pressure to drink and culturally induced guilt and confusion regarding behaviour are appropriate.

Physiological factors

Much research on causation has been devoted to finding physiological factors-either in the alcohol beverage itself or in the biological make-up of the alcoholic that could account for alcoholic addiction. Vitamin deficiencies and hormone imbalance have been suggested as cause of alcoholism. However, investigations show that the nutritional and hormonal problems found in individuals with advanced alcoholism are results, not causes, of excessive drinking (Sherlock 1984; Mezey 1985). Allergy has been blamed for some cases of alcoholism, but there is no proof that alcoholic individuals are generally allergic to alcohol itself or to other components of alcoholic beverages.

Alcoholism occurs more frequently in children of alcoholics and probably has a hereditary basis. Cotton (1979) studied 39 familial alcoholism studies over a 10-year period. She discovered that, in most studies, an alcoholic is much more likely than an non-alcoholic to have a parent or other relative who is also an alcoholic; at least 25% of the alcoholics had alcoholic fathers. This research suggests that approximately one-fourth of any sample of alcoholics will have at least one parent who is also alcoholic.

Psychological factors

Although the terms pre-alcoholic personality and alcoholic personality have been used, there is little agreement on the identity of alcoholic personality traits or whether they may be the cause or the result of excessive drinking. Clinical psychologists and psychiatrists with a psychoanalytic perspective have described alcoholic drinkers who are in treatment as neurotic, maladjusted, unable to relate effectively with others, sexually and emotionally immature, isolated, dependent, unable to withstand frustration or tension, poorly integrated, land marked by deep feelings sinfulness and unworthiness. Some therapists have suggested that alcoholism is a disastrous attempt at the self-cure of some inner conflict and that it might well be classed 'suicide by ounces'

Other perspectives involve social learning (Becker 1966; Sutherland 1947) and reinforcement (Akers 1985) theoretical explanations. SOCIAL LEARNING THEORY emphasizes that alcohol use and later abuse result from early socialisation experiences. Alcohol-drinking parents and/or significant others serve as role models who in effect teach children that drinking is okay.

Reinforcement theory explains alcohol use as resulting from some kind of positive "stroking" or benefit received from drinking. Peers and the mass media, including cinema and advertising in magazines and billboards, help reinforce the idea that consuming alcohol is expected and required during times of crisis, boredom, and celebration. By drinking, the individual may feel more accepted

than if he or she abstained. Drinking may also bring attention from others that the drinker felt was lacking.

Sociological factors

Sociological explanations point to factors responsible for excessive drinking outside the individual: family drinking practices; peer influence; role of the mass media, particularly advertising; and the degree to which people are bonded to major social institutions (e.g.., family, religion, economic and political systems)

Treatment of Alcoholism. Alcoholism is a treatable illness from which about two-third of those affected can recover; that is, they can stop the compulsion to consume alcohol by their own efforts. Many of the misunderstandings about alcoholism make it difficult for alcoholics to seek and get the help they need.

Rehabilitation methods. Rehabilitation for alcohol abuse means a return to successful living without the need to have alcohol. The patient is rehabilitated when he or she has re-established and can maintain a good family life, work record, and respectable position in the community. Relapses may occur, but they do not mean that the problem drinker or the treatment efforts has failed.

Aspects of treatment methods. The treatment of alcoholism consists of getting the alcoholic safely through the withdrawal period, correcting the chronic health problems associated with alcoholism, and helping him or her to change long-term behaviour so that destructive drinking patterns are not continued. The individual may begin treatment during a spell of temporary sobriety, during a severe hangover, or during acute intoxication.

Getting through withdrawal. An alcoholic who is well nourished and in good physical conditions can go through withdrawal with reasonable safety as an outpatient. However, an acutely ill alcoholic needs medically supervised care.

Psychological and behavioural therapies

A psychotherapeutic approach begins by getting the patient (and perhaps his or her family) to accept alcoholism as an illness, not as a moral problem or weakness. The patient must genuinely accept the fact that he or she needs help. Once these attitudes have been established, the therapist and patient try (1) to solve those problems that can be readily handled and (2) to find an approach that will enable the patient to live with those problems that cannot be solved.

Behavioural psychologists believe that drinking is learned behaviour. Behavioural therapies try to reverse the reinforcement pattern so that abstinence or moderate drinking brings reward or avoids punishment. Techniques used include aversion therapies, assertiveness, relaxation, biofeedback, blood-alcohol discrimination training. Analysis of drinking behaviour focus on cues and stimuli, attitudes and thoughts, specific behaviours, and consequences of drinking. These factors are complex and highly individualized, careful assessment is required in order to change the attitudes and behaviours that lead a given patient to excessive drinking. No one treatment plan is suitable for everyone.

Alcoholic Anonymous (AA) is a loosely knit, voluntary fellowship of alcoholics whose sole purpose is to help themselves and one another get sober and stay sober. AA has been characterized first as a way back to life and then as way of living.

In the AA approach, the alcoholic must admit that he or she takes control over drinking behaviour and that his or her life is unmanageable and intolerable. For some alcoholics, this realization may not come until they have lost everything and everyone.

Factors in successful treatment

Likelihood of success is greatly enhanced by simply keeping in mind the characteristics of the disease being treated. The following factors, always present in the alcoholic, need to guide the treatment process.

1. Dysfunctional life – style. The alcoholic's life style has been centred on alcohol. If this is not immediately evident, it's because the particular alcoholic has done a better than average job of disguising the fact. Thus the counsellor cannot expect a large repertoire of healthy behaviours that come automatically.

2. Few experience of handling stress without alcohol. Alcohol has been the alcoholic's constant companion. It's used to anticipate, get through, and then get over stressful times. The alcoholic, to his knowledge, is without any effective tools for handling problems. In planning treatment, be alert to what may be stressful for a particular client, and provide supports. In the process, the counsellor can tap skills within the alcoholic to be turned to rather than the bottle.

3. Psychological Wounds. Alcohol is the alcoholic's best friend and worst enemy. The prospect of a life without alcohol seems either impossible, or so unattractive as to be of any value. The alcoholic together the client can appear, or how much strength or potnetial the counsellor can see, the client, by and large, is unable to get beyond his feelings of impotence, the counsellor has to have a gentle awareness of this.

4. Physical dysfunction. Chronic alcohol use takes its toll on the body. Even if spared the more obvious physical illnesses, there will be other subtle disturbances of physical functioning with which the alcoholic must contend. Sleep disturbance can last up to two years. Similarly, a thought impairment would not be unusual on cessation of drinking. This alcoholic in the initial state of recovery will have trouble maintaining his attention. There will be diminution of adaptive abilities. During treatment, education about alcohol and its effects can help allay fears.

5. Chronic nature of alcoholism. A chronic disease requires continuing treatment and vigilance about the conditions that can prompt a relapse. This continued self-monitoring is essential to success in treatment.

Group functions

No matter what the kind of group, a number of functions will need to be performed. For any group to work effectively there are some essential tasks, regardless of the goal. Initially the leader may need to be primarily responsible for filling these roles:

Initiating-suggesting ideas for the group to consider, getting the ball rolling.

Elaborating or clarifying-clearing up confusions, giving examples, expanding on other person's contribution.

Summarizing-pulling together loose ends, restating ideas.

Facilitating-encouraging other's participation by asking questions, showing interest.

Expressing group feelings – recognizing moods and relationships within the group.

Giving feedback – sharing your response to what is happening.

Seeking feedback- asking for other's responses to what you are doing.

But as time goes on the leader needs to teach the group members to share the responsibility for these functions. Giving a lecture or showing a film on how to be a group member won't do it. Instead, through your own behaviour, you serve as a model. You set the example, not only of how to act in-group, but demonstrate more generally what healthy behaviour looks like.

Different type of group therapy can be useful at different times during recovery. During the course of an impatient stay, a client might well attend an educational group, an AA Training Group, a problem-solving group, and a self-awareness group. In addition, he could attend outside AA meetings. In this example, the client would be participating in five different types of groups. On discharge from the residence, the client would return for weekly group sessions as part of follow-up, and with his spouse might join a couples group. None of these group experience would be intended to substitute for AA. The most effective treatment plans will prescribe AA plus alcohol-related group therapy, along with medical treatment of cirrhosis.

Family treatment

Members of an alcoholic's family often need treatment as much as the alcoholic. Often they will be the ones asking for assistance first. They are entitled to as much compassion, aid and assistance as the drinker. In contacts with a family, energy should be directed toward handing their problems? Not treating the alcoholic in absentia. What does the family need? Education about alcoholism, the disease, will be one thing. Another is some aid in sorting out their behaviour to see how it fits into, or even perpetuates, the drinking problem. Most importantly, family members require support to live their despite the alcoholic. Paradoxically, by doing this, the actual chances of sport circuiting alcoholism are enhanced.

Counselling techniques in working with families are the same as those in working with the alcoholic. But individual counselling and group work can be useful. Family therapy is another possibility. Here the family is seen as a total group and counselled as a unit. The basis notions behind this approach are that the family behaves as a unit, had characteristic ways of interacting. No matter how sick it looks, these interactions and behaviours are the family's attempt to minimize pain and disruption. The family is trying to maintain a balance. When one person is identified as "sick" or "the one with a problems" other family members may allow the illness to continue. Working with the family as a group allows the therapist to see the

family together. Ineffective behaviours can be identified as they occur and support provided for desired changes. Family therapy is a special skill similar to yet, different from. Group work, You the alcohol counsellor, might refer families to a skilled family therapist or work with one, as a means of also enhancing your own skills.

Specific processes for addictions counselling

These can be summarised as follows:

1. Gathering information related to the extent and consequences of chemical dependency. Evaluation of current social circumstances namely occupation, family finance, etc.

2. Explaining to the client and to his immediate relatives the role of chemicals and the relevance of 'dependency practices' and their relation to the present and the past difficulties. Assessment should be shared with the client and his family.

3. Explaining the concept of chemical dependency as a disease to the client handling denial, making realistic plans, and motivating him to maintain sobriety.

4. Helping clients resolve interpersonal and interpersonal problems, in, accordance with the assessment initially made.

5. Helping the client to make sobriety plans-both short term and long term. Short term goals will be handle the immediate environment that influence his maintenance of sobriety, and to formulate steps for relapse prevention. Long term goals will be to help the client make efforts to attain a change in his life style, personality characteristics and values and plan after measures and long term follow up.

Recovery and Relapse

Recovery

Recovery is no longer living a life based in fear or shame, it is the process of developing an identity that is no longer based in reaction but instead based in action. Recovery for the adult child is being able to put the past behind oneself. The script written in childhood no longer dictates how one lives ones life today. Recovery is being able to speak the truth about one's own childhood and teenage years. Recovery is the process for the adult child in which he/she recaptures the child spirit within his/herself-in that process developing spontaneity, self-acceptance and joy. Recovery is challenging. Recovery is the process in which one develops skills not learned in the childhood years. It is the process of identifying, owing and developing healthy ways of expressing feelings; it is the process of learning self-love, self-acceptance. From learning these behaviours, one often learns how to set healthy boundaries and limits, get needs met, play, relax, and develop flexibility. Recovery is learning to ask for help, learning to see choices, asking questions and developing problems-solving skills. In this process, trust of self and others comes-and with that comes the opportunity for intimacy. The new belief systems and skills become actualized in one's work place, friend relationships, more intimate relationships, sexual relationships, physical self, self care.

'Sobriety' is the development of a new life style based on total abstinence. It derives its strength from mental, emotional and spiritual elements that mature with time and experience.

In real life, sobriety is a life long process, a continuing process, marked by specific achievements, accomplishments and periods of growth. Successful sobriety is essentially a program of peak performance.

Post acute withdrawal

When most people think about alcoholism they think only of the alcohol-based symptoms and forget about the sobriety-based

symptoms. Yet it is the sobriety-based symptoms, especially post acute withdrawal, that make sobriety so difficult.

Post acute withdrawal is a bio-psycho-social syndrome. It results from the combination of damage to the nervous system caused by alcohol or drugs and the psychosocial stress of coping with life without drugs or alcohol.

Symptoms of post acute withdrawal

How does one know if one has PAW? The most identifiable characteristics is the inability to solve usually simple problems. There are six major types of PAW symptoms that contribute to this. They are the inability to think clearly, emotional overreactions, memory problems, sleep disturbance, physical co-ordination problems, and problems in managing stress. The inability to solve usually simple problems because of any or all of these symptoms leads to diminished self-esteem. A person feels incompetent, embarrassed, and 'not okay' about self. Diminished self-esteem and fear of failure interfere with productive and challenging living. Let's take a look at some of the PAW symptoms that contribute to the inability to solve usually simple problems.

Inability to think clearly

There are several thought disorders experienced by a recovering person when PAW is activated.

One of the most common symptoms is the inability to concentrate for more than few minutes. Impairment of abstract reasoning is another common symptom of post acute withdrawal.

Another common symptom is rigid and repetitive thinking.

Memory problems

Short-term memory problems are very common in the recovering person. You may hear something and understand it, but within 20 minutes you forget it.

Sometimes during stressful periods it may also be difficult to remember is significant events from the past.

Because of memory problems in recovery, it may be difficult to learn new skills and information.

Emotional overreaction or numbness

Persons with emotional problems in sobriety tend to overreact. When this overreaction puts more stress on the nervous system than it can handle, there is an emotional shutdown. And even when he knows he should feel something, he does not. One may swing from one mood to another without knowing why.

Sleep problems

Most recovering people experience sleep problems. Some of them are temporary; some are lifelong. The most common in early recovery is unusual or disturbing dreams.

Physical co-ordination problems

A very serious PAW problem though perhaps not as common as the others – is difficulty with physical co-ordination. Common symptoms are dizziness, trouble with balance, problems with co-ordination between hand and eye, and slow reflexes.

Stress sensitivity

Difficulty in managing stress is the most confusing and aggravating part of post acute withdrawal. Recovering people are often unable to distinguish between low-stress situations and high stress situations. They may not recognize low levels of stress, and then overreact when they become aware of the stress they are experiencing.

If the client's thoughts become confused and chaotic or they are unable to concentrate, if they have trouble remembering or solving problems, they may feel they are going crazy. They are not. These

symptoms are a normal part of their recovery and are reversible with abstinence and a recovery program. If they do not understand this they may develop shame and guilt which leads to diminished self-esteem and isolation which creates stress and increased PAW.

CHAPTER 6

CO-DEPENDENCY AND FAMILY THERAPY

"Nothing worse could happen to one

than to be completely understood."

Carl Jung

By its very nature alcoholism and other compulsive disorders create victims out of everyone close to the afflicted person. Sometime the partner or the person whom you love and live with may be a neurotic parent, a rebellious teenager, an alcoholic, a psychiatric case or a criminal. By letting go, a client could be helped to get out of destructive co-dependent behaviour.

Any type of addiction is a family disease that affects not only the addicted individual but also his her family member. Not every family in stress is addicted, but every addicted family is in stress, in fact severe stress. They evidence all the characteristics of the unhealthy family but usually to a more extreme degree than families with other problems.

As addiction gets worse day by day, the family is compelled to face several unmanageable problems among its member. Unable to cope with these problems, the family constantly lives under severe tensions and pressures. At the same time, it tries to copy up with life. This ends in the family member becoming desperate, angry, frustrated, nervous, afraid with shame and guilt. In many ways they start behaving like the addict, even though they do not take alcohol or drug. They develop their behaviour, emotions, and thoughts around addiction or around the problem person.

The co-dependent family

All families tend to react in patterned and predictable ways when one member of the family becomes the victim of substance dependence, or mental illness. Each family seems unique. Yet all of them have certain common traits and characteristics. The working of the family is directly related to and influenced by the sickness of the chemically dependent person. When those is stress, the whole family readjusts and balances itself in order to bring about homeostatic and stability. The families of the chemically dependent person are victims of addiction who do not use chemicals, but are nevertheless victimized by the substance abuse. Those people who do not drink or take drugs, or don't have sexual deviation but are victimized by chemical abuse and incest are called co-dependents. Co-dependency is a normal reaction to the abnormal behaviour of people around. Co-dependency means being a partner in a dependency. Co-dependency is the term used to describe a person whose life is affected, as a result of her involvement with the chemically dependent person. This co-dependent normally develops an unhealthy pattern of coping with life. Even though she wants the addict or sexual offender to give up drugs totally, she unconsciously takes up defective and destructive roles, which strengthen his/her chemical dependency and sex abuse or Neurotic behaviour. Co-dependents are people who keep on reacting to the problems, pains and behaviour of others. They take up the guilt of the offender and feel responsible for it. They will have to be guided to act rather than to react. They need a great deal of help, support and understanding to learn to act. Here knowledge of self-love therapy could help them to be detached from the family pathological behaviour of the addict.

Though the addict is the only person who consumes alcohol in the family, the wife and children whenever start thinking about the addict (father/husband) they end thinking in alcohol. But they are not consuming alcohol. But in this case wife and children also think about alcohol. In one way they are also addicts. We call them co-addict or co-dependent. The same could be applied to a family with history of mental illness or incest.

The wife and children are dependent of the addict, who is a dependence of alcohol. So dependent on a dependent is co-dependency.

Defining co-dependency or co-addict

Co-dependency had got many definitions.

A co-dependent person is one who had let another person's behaviour affect him or her, and who is obsessed with controlling that become unmanageable as a result of living in a committed relationship with an alcoholic (Beattie. H.). According to Whitefield co-dependence is a multidimensional, physical, mental, emotional and spiritual condition manifested by any suffering and dysfunction that is associated with or due to focusing on the needs and behaviour of others. It may be mild to severe, and most people have it. It can be associated with and aggravated by many physical, psychological and spiritual conditions; it develops from turning the responsibility for one's life and happiness over to one's ego (false self) and to others. It is treatable and recovery is possible.

Subby R, talks of co-dependency as an emotional psychological and behavioural pattern of coping that develops as a result of an individual's prolonged exposure, to and practice of, a set of oppressive rules-rules which prevent the open expression of feelings, as well as the direct discussion of personal and interpersonal problems. Again Mendenhall, W. explains co-dependency as a stress-induced preoccupation with another's life, leading to maladaptive behaviour. Hence we understand that co-dependency is a disease where in a person had difficulty in:

a) Experiencing appropriate levels of self-esteem.

b) Setting of functional boundaries.

c) Owning and expressing their own reality

d) Taking care of their adult needs and wants

e) Experiencing and expressing their reality moderately.

The traits of co-dependency

Major co-dependency traits could be the following:

1. Care taking- One feels I have to meet all the needs of the partner than looking after oneself.

2. Low self-worth- Here one feels that 'I have no life of my own'

3. Repression- this defense makes the partner to throw painful feelings to the subconscious level.

4. Obsession- This is a pre-occupying thought pattern

5. Controlling- Feels compulsion to control the other or save the other.

6. Dependency- Always tries to adjust to the partner

7. Poor Communication- Many times, legitimate feelings and needs are not expressed.

8. Weak boundaries- Becomes very suggestive and fails to be assertive.

9. Denial- Minimise, project or totally deny the problems in the family.

10. Anger-could be displaced anger or shown as constant irritation.

11. Lack of trust- fails to trust others and oneself.

12. Sexual problems-Many lack expression of love through sexual intimacies.

The wives of the addicts

Let us evaluate the emotional and adjustment problems of the wives of the addicts.

Alcoholism is a universal problem. Since 1960's the World Health Organization considered it as a major mental health problem. Alcoholism is a family illness. This is because it affects the alcoholic and his family members. The worst sufferer is the woman in the family. Women have a lot of household duties and caring of children and their education besides others social and domestic demands. In addition to this, they have to look after the alcoholic husbands or sons. Physical harassment is quite common. The Major part of the family income is spent on liquor. Sometimes there is nothing to spend on essentials. Thus alcoholism affects the entire family life and the family becomes an unhealthy unit. Though all the families are affected by alcoholism, the degree of discord varies with each family. For example there are violent families in which physical violence occurs. There are other families, which are suffering stress. Similarly in most families the alcoholic father is constantly threatening his children. Thus emotional abuse is quite common in alcoholic families. In a family with incest, children are always pre-occupied with the behaviour and attitude of the sex abuser.

It is found that wives of he alcoholics are sick as their husbands. The alcoholic's wife is neither an innocent victim nor a villain, but a participant in interaction which becomes more mutually destructive as alcoholism progresses. In an alcoholic family the wife may avoid the husband. She may refuse to talk, she may be frightened, may make special financial arrangements, sometimes seek outside help and even think terminating the marriage. The same could be applied to the sociopathic and psychopathic partner in a family. It is found that the anxiety and other related mental problems of an Alcoholic wife are different from a non-alcoholic wife. Again the social adjustment of such women is different from that of non-alcoholic wives. Further the self-esteem of such women is also different. If the wife is the addict or abuser, the same happens to the husband.

Through counselling and training the partner of the addict or abuse had to learn physical and mental survival skills. She must guard herself from becoming co-dependent. She/He must express both positive and negative feelings, change the cognition and awareness of life pattern. Try to look after oneself instead of depending on the alcoholic husband. Try to develop emotional integration. Children should not be the victims of the hatred towards the husband. Don't well in the past, instead be bold enough to face the challenge and live in the present, or else, there is chance to go into self-pity and passivity. Co-dependent persons generally come from dysfunctional family. His/her Father/mother acted as a caretaker/and he/she might have suffered childhood abuse.

Ruth Fox speaks about the problem of the wives of the alcoholics. Early studies of the wives of alcoholics in a family agency setting describe them as often equally as sick as their husbands with a need to dominate, to suffer, to punish, or to belittle their mates. In an atmosphere of conflict, tension and uncertainty, their needs for warmth security and even physical care my be inadequately met. A troubled wife may be the signal of an alcoholic problem in a family and again a troubled child may be the major symptom of incest in the family.

The conceptualization of co-dependency began in the 1940's when wives of Alcoholic Anonymous (AA) members formed a group (later called A1- Anon) to discuss their problems that seed to result from living with alcoholic spouses. The word 'co-dependent' however, was not coined until 1979, when it referred to people who become dysfunctional, as are such of living in a committed relationship with an alcoholic.

This dependency often is described as including attempts to control the alcoholic's drinking behaviour by repeatedly seeking to protect, control, and/or change the alcoholic despite low success rate of these efforts.

The major emotional symptoms of co-dependency

The emotional responses to an addict in a family frequently have roots in guilt feelings. Whenever the addict drinks too much, he blames someone else, more often his wife takes the blame, such self-blame produces more guilt and shame.

Grief

The family had lost the joy of life. The Wife doesn't know what to do. She is passing through a chronic, extended period of loss and anxiety with no visible end. She feels the loss of prestige, loss of family and personal dignity, loss of feelings of love, loss of understanding and care, loss of friends loss of security, loss of finance. She never shares this with anyone.

Anger

Though the partner is in deep sadness, she expresses anger too, especially to the addict. She even wishes him to die! As the disease worsens, the wife is unable to manage the problem any more. She becomes helpless. In this situation her anger not only focuses on the addict but also on surroundings and even on herself. Anger is directed towards the entire world including herself.

Hurt

In the case of the suppressed anger in herself, it results in frustration, resentment and hunt feelings. Whenever there is a quarrel though she shouts at the addict, she is deeply hurt. Though she is hurt, she makes effort to change her attitude towards him and starts showing care and warmth. But everything again is in vain and the addict continues with his abuse and all the problems remain the same as before.

Shame

Most of the painful experience from the addict bring a lot of shame to the wife. The inappropriate behaviour of the addict in front of the relatives, friends and the society makes the wife embarrassed.

As the situation becomes worse, shame multiplies and the wife starts feelings ashamed about the entire family and herself.

Fear

Living in a distress family produces fear about the future about the family, about the finance, about the relationship, about the physique of the addict and fear about anything and everything. Even minor events cause her a lot of tension. Every day passes through intense fear and anxiety.

Loneliness

The stressful family environment results in the breakdown of normal family communications. The isolation created by the lack of communications in the family always leads to bitter loneliness. She may talk a lot, but never with a purpose. She never shares her real feelings with anybody. She will become completely isolated and alienated. She feels not worthy to share herself with others.

Apart from all the emotional change, the wife or the co-dependent person, status denying the problems, act as a protector, act as a controller, act as a blamer, to bring down his/her drinking. But none of these will help, but only increase the problem in the family, including the bad habit of the abuser.

Studies show that the co-dependent person shows a poor identity, adjustmental problem and co-dependency. The spouse gets frustrated and distressed in the family environment and thinks about suicide. Increased number of suicides among the family members of the addicts and other? Psychopaths are mainly because they do not know how to get out of their co-dependency.

Characteristics of co-dependents. They are important to be evaluated by the counsellor for effective intervention. Co-dependency is clear:

1. Whenever a client talks about high dependency need with fear of abandonment
2. Those clients who spend their lives rescuing and pitying others and want partners who are needy
3. Those who assume care takers role in a family.
4. Even in career relationship and friendship those who take a victim role
5. Waiting for approval and trying hard for it
6. Those who feel guilty when they assert themselves
7. When one judges oneself and had a low self esteem
8. Those who try to control their partners
9. Those who are addicted to emotional pain
10. Those who are attached to chaotic, unstable relationships
11. Those who cannot express feelings
12. Reactors than actors

Family therapy

The family is the basic and fundamental unit of the society and it is a social organism. The family can be defined as those related person who lives together within a household with a common kitchen. Only from the family do we true love. Life in a family is caring, sharing, needing and giving. The members of a family find in their home, recreation and relaxation from outside woes and work. A family acquires a sense of identity, self-esteem and self-value. According to Ackerman 'organism' connotes the biological core of the family, its qualities of living process and functional unity and its natural life history.

Changes in roles, status and employment of women.

Factors like spread of education, legislation, prevention of gender discrimination, women entering into administration, business, managerial etc., have brought about a change in the role and status of women. She is no more subservient, but can take up independent role.

Women who are employed have to play multiple roles. They have to meet the demands of the office and of profession as well as duties to children and family. The reality is that men don't mind extra income but at the same time expect the working wife to do all the traditional responsibilities as well. Equally men do not like wife in higher status. This situation generates familial tension.

Institutionalized child rearing is prevailing in India especially in metropolitan cities, and also in hostels. Because of early separation of the child from the parents the child learns individuation at an early age, starts becoming independent and learns autonomous functioning at an early age. We see the following characteristics among such children.

a) It often offers a change to the child to explore the wider world and relate to adult figures.

b) Socialize with peers at an early age.

c) Learn to do things for self with less supervision and interference.

d) The child gets different role models other than only of parents.

Family therapy

The family is the strategic centre for understanding of emotional disturbances and also for intervention on those psychic forces in human relations that have to do both with health and illness. Ours is

a changing world. The roles of Men and Women are changing. Families are breaking up and divorce is becoming quite normal. So we need a Psychology to understand the man and woman. Family had the power to influence every aspect of human development and of humans relations.

Goal of Family Therapy

As an organism, the family has its unique psychological identity. It is the interaction, merging and re-differentiation of the partners that mould the family's identity. Once the problems and their unsuccessfully attempted solutions have been presented, the therapist must take into account in formulating some goal, example, the therapist can tell "As you know, we work with families here and we have found that when one member has pain, all share this pain in some way. Our task is to work out ways in which every one can get more happiness from family life....".

In all counselling with family, we are actually dealing with an interlocking net work of persons

The Therapist must consider the following points

1) He prevents any specific member from feeling responsible for the unhappiness in the family.

2) By accentuating the idea of happiness as the foal of therapy, the therapist decreases fear and increases hope.

3) The counsellor must help family members to see themselves as not especially bad or hopeless.

4) The therapist should specify that family therapy is a long term, open ended process of restructuring personalities and changing deep rooted patterns of communication and of family homeostasis.

Through family therapy the therapist is able to change the deep-rooted patterns of communication within the family. The major goal of family therapy is to resolve had to learn substituting behavioural patterns and the therapist gives more positive feed back. The goal laid down is to be practical and reachable. The group about his touching issues. Normally wives are more ignored than husbands or children. Family therapy facilitates emotional release. It avoids explosive reactions. Here the therapist is only a facilitator. Problems in a family are very often deep rooted and which take a very long time to develop. Similarly it will take a long time to change these problems. Very often the root-cause is unconscious.

The Family Therapy Process

According to Bell and Virginia Satir, therapy tends to move through six stages.

Family members are usually all together in one group and are interviewed by the therapist-co-therapist team. The therapist does the talking while the co-therapist observes process in the family and therapist's interactions. Family interviewing involves problems, which the family had faced, their need to seek therapy now, their expectation, their questions about the illness or the way in which they have coped so far. The therapist tries to achieve a state where there is interaction among family members. The therapist uses the content expressed by family members to get a discussion going among them. And the therapist focuses on types and patterns of interaction and behaviours evident in the session. If the family members reach an optimum degree of comfort then they will interact and the therapist can move away into the back ground. The therapist can see what really happens in the household. To summarize the phase: There will be an orientation phase followed by child centred phase, parent child interaction phase, father – mother interaction, sibling interaction and finally the family centred phase.

Assessment may take many sessions. Each family interview may last one to me and a half hours for the therapist to get an insight

into the family's functioning. He can then define the plan of treatment and its goals. He can use specific intervention techniques for change. The family is never blamed or put down. The therapist encourages them to make decisions and find solutions, all the while stressing on positive aspects of this functioning.

To understand the family system the assessment is made under different heads.

1. Family structure – its composition and boundaries, sub-systems, alignments. Usually a three generation genogram is constructed for this purpose and stages in the family life cycle detailed.

2. Leadership patterns. Power structure and decision making.

3. Role structure and functioning.

4. Communication patterns, affective status and reinforcement.

5. Cohesiveness and concern. (degree of separatedness or conncetedness)

6. Adaptive patterns. Conflict resolution and social support system.

Once the information is available the treating team has a discussion to arrive at a formulation of the family system using a systematic hypothesis. The therapist tries to answer two questions.

1. What is the patient trying to say by his symptoms? What meaning does it have?

2. What is the role or responsibility of the family in maintaining these symptoms?

According to the answer to these question the therapist can plan intervention to bring about the desired change. The therapist can help the family so that dysfunction may change to a functional equilibrium.

In spite of the fact that involvement of the family in the treatment of mental disorders started in the 1950's, family psychiatry and family therapy have not made much progress. Though many studies have been done in this field, most of the studies have inadequate methodology. Excepting s few studies majority of the studies have used no tools or very inadequate ones. Findings in the area of family and mental disorders are quite inconclusive. The, main reasons are:

(a) We have always looked at family structure rather than family functioning through family interaction patterns.

(b) We have always looked at family as a dependent variable and treated it as a concrete variable.

The family is not just a group of individuals nor is it a bundle of relationships. Family is an Institution. Its existence is independent of its constituent units. Since the family is an open system like any living being it is essential to understand family from a systematic model. We should stop looking at the family from narrow measures in terms of nuclear and joint structure.

Virginia Satir's Conjoint family Therapy

Virginia Satir's approach emphasizes the mental relationship as the axis around which all other family relationships are formed. The 'identified patient', e.g.; a disturbed child, is the family member who is most obviously affected by the pained, marital relationship. Relationships are pained because they are dysfunctional. The distorted communication patterns of a family reveal the nature of its underlying problems.

The touchstone of Satir's therapy is the concept of maturation, defined as "the state in which a given human being is fully in charge

of himself": A relatively mature person behaves in a functional way. But a dysfunctional person will deliver conflicting messages and will be unable to perceive the "here and now".

She says that the family therapist must be active in structuring and guiding the sessions otherwise they become' one of the family'. Allow the members to talk about the pain in their relationships. Therapeutic change occurs when each member looks clearly at themselves and their actions. We do this by reducing their fear and building up self-esteem, labeling assets and encouraging each person to communicate feelings. A model of openness, honesty and incomplete messages. Interpret anger shown by each member as symptoms of hurt. Show them how their past parental model is influencing them now.

Family Therapy in India

Family therapy was started in India about the same time that it was initiated in the west by Ackerman. The father of family therapy in India was Dr.Vidya Sagar who applied this technique on patients at the Amritsar Mental Hospital. The main advantages of family therapy according to him are (1) cut down hospital stay (2) increased acceptance of the patient (3) enhanced family coping.

Following Dr. Vidya Sagar's experience, two centers in India started similar experiments with Mental patients and their families (1) The Mental Health Center at Vellore (2) NIMHANS, Bangalore. Both these centers experienced the same benefits noted by Dr.Vidya Sagar. A novel experiment of multiple family group interactions as an adjustment to family therapy was conducted at NIMHANS. These groups comprised of open, heterogeneous groups of 10-20 families seen daily for a short period for a couple of weeks. This center made family therapy on patients of hysteria, drug dependence, mentally retarded children, schizophrenic chronic mentally ill etc. Family therapy is useful for families which don't have much dysfunction's and patients who have a good prognosis.

Tools

For a practitioner of family therapy the utility of an assessment tools is immense. These tools can be used to diagnose and describe the existing marital and family system before planning and initiating the actual therapy. There are several tools available in the west for measuring family interaction pattern and quality of family and marital life. In India the first attempt in this direction was made by Mahal. Mahal based his classification of the families on the basis two standardized tools available in India and they are developed by Batti and others.

1. Family Typology Scale

2. Family interaction patterns scale (FIPS)

The family typology divides families into four categories. Normal cohesive, egoistic type, altruistic type and anomic type. FIPS is based on the epigenetic theory. According this theory, there is an orderly developmental phase in the life of family. It has six sub-scales pertaining to leaderships, communication, role, reinforcement, cohesiveness and social support system.

For understanding marital adjustment and quality of marital life there are a few tools available, e.g., Kumar & Rohtgir, Deshpande, Jayaprakash etc. the marital quality scale of Shsh etc.

Skills for changing families

Families in which one or more members are poorly motivated for change are a challenge to the family therapist. Therapists and treatment agencies can thus derive considerable benefit from knowing how to effectively treat these families.

Functional family therapy is a model for treating both difficult families and those families that are generally seen as more desirable because they have a higher level of motivation and resources. The model is composed of the specific conceptual, technical and

interpersonal elements that research and clinical experience have shown to be both effective and efficient.

Prior to Ackerman and Zuk (1978) family therapy lacked a theoretical frame work and techniques to define it as well as to guide family therapists in their endeavours. Interest in family therapy has also been problem because it is a disciplinary. Yet an teachers, recreation therapists, public health nurses, police personnel, pediatricians, and many other Professionals. As a result, family intervention has not been restricted by disciplinary or even interdisciplinary boundaries.

Conceptual Skills: area needed to understand the dynamics of family interaction and to know what needs to be changed. How should we think about families, what should we watch for and what should them. Ideally, this understanding should be based on careful analysis, but most of the time it is based simply on intuition, sometimes we know, but more often we guess. Thus conceptual skills help us in the process of guessing as much as in ultimately arriving at an accurate understanding. Learning to become a family therapist is many tasks become automatic and can be filtered our allowing us to focus on other important matters. Even "quiet' families present the therapist with a wealth of complex information, including their histories, subtle and not –so-subtle non –verbal cues, complex interaction with the outside world; and a mixture of attitudes, feelings, behaviours and hopes. Learning what dimensions to select and change, as well as what to ignore, is essential if the therapist is to avoid being caught up in irresolvable complexities and led down the many garden paths characteristic of troubled families.

Beyond the issue of understanding is the problem of motivation. In contrast to many intervention models, functional family therapy is based on the belief that motivation is to a great extent the responsibility of the therapist not just the family. From this perspective, family therapists are not merely chemists or engineers with the sole responsibility of coming up with the correct drug or cure or technique.

They are also practitioners who must help families to use the their drugs and cures and techniques. Both therapist the and families become motivated, then, use this motivation to effect efficient and realistic change.

Thus in the conceptual skill category we are talking about a conceptual orientation. Professionals who are successful with families have a distinct view, seeing the family not as harbouring a patient or as being the victim of pathological behaviour but as a constellation of interacting groups that behave according to certain principles and can be changed by utilizing those same principles. To teach this orientation is perhaps the most difficult task of trainers and consultants who work with family counsellors. Yet without this orientation, even the most technically skilled clinician will have great difficulty in initiating and maintaining the changes desired.

Technical skills are the basic tools of family therapy, the moment-to –moment operations and procedures that can produce change. Much of a family therapist's effectiveness is determined by the therapists familiarity with and ability to utilse a range of specific techniques which are designed to change four different aspects of family life: The perceptions and feelings family members have about themselves and each other; specific overt behaviours such as tantrums that constitute a problem for one or more family members; specific physiological states such as anxiety; and the communicative behaviours that create, maintain and modify problematic perceptions, feelings, behaviours and physiological states.

Behaviour is observable, but the feelings and thoughts that accompany it must be inferred. Family members face this inference problems when they must interpret both their own behaviour and the behaviour of others. The fact that inferences must be made adds enormous complexity to the therapeutic task because behaviour change by itself is often unacceptable to family members in distress. Behaviour has meaning for people, they characteristically give themselves reasons for the thoughts and feelings that accompany it.

Thus while it may be maladaptive behaviour that brings the family into therapy, family therapists must recognise and deal with the cognitive and affective realms of family functioning as well as the behavioural realms in order to produce listing change. To do so therapists must posses a wide and flexible range of technical skills because in different ways and at different times, these realms interact to facilitate positive change or to impede it. Thus in one family a particular set of techniques may work beautifully, while in another family the same techniques may fail miserably. When therapists have the technical skills to utilize a wide range of interventions, they can work with many different families and situations effectively.

Interpersonal skills: have had a curious place in therapy literature through out the years. On the one hand some family therapists believe interpersonal skills of one variety or another – are all therapists need to successfully help people change.

On the other hand many therapists totally disregard interpersonal skill. They give the impression that effective intervention in families requires merely the appropriate conceptual frame work and a large set of technical skills. If the family is unable or unwilling to favourably respond to new behaviours, chances are that gains made by an individual will not be reinforced and maintained in the natural environment. In sum, as Madanes and Haley(1977) argued family therapy is more of an orientation than a specific method.

Understanding the principles of family functioning

When should therapist focus on problem behaviour rather than emphasizing relationship.

Contextual Perspective

A family is a group of individuals with unique histories, feelings, and needs and with specific ways of behaving in specific settings. But each member can be understood only in relation to every other member. Change can result from understanding and changing any one member, but efficient and reliable change results only when

therapists understand how all members interact with one another. To gain this understanding, therapists must view not only each individual and his behaviour but the relationships among individuals as well (Haley 1969). For example a marriage partner arise not because of what people are (dominant, hostile withdrawn but because others do not accept the way they interact. In one family a child may be labeled hyper-active because parents cannot tolerate the behaviour, while in another family parents may proudly interpret the very same behaviour as a sign of independence and assertiveness. Behaviour, then, takes meaning only from the context in which it occurs.

Viewing behaviour in its context is perhaps the single most important skills the family therapist must have, but it is easy to lose this perspective in the intensity of family therapy sessions. However, to consistently be effective, therapists must make relationships with the critical focus and continually think in relational and contextual terms. Therapists have come to realise that there is more to understanding families than understanding sequences of behaviour. We use the term theme to describe those total relationships that define a family. Therapists must understand themes in order to change families, just as composers must understand orchestrate themes in order to make music.

Family therapy – intervention in families – is designed to produce positive change in a complex undertaking. Yet this is exactly what family members characteristically do – they create the themes themselves. Unlike a passive note each person has an active impact, sometimes incompatible with the theme. The point at which a therapist typically sees a family is when the themes are no longer harmonious but have instead become discordant.

Functions of Behaviour

Obviously musical notes don't care what their relationships are. But people do care and work hard to create, maintain or terminate relationships. People develop characteristic cultural, physical, environmental, and interpersonal ways to regulate their relationships.

Types of interpersonal functions

At one level, the interpersonal payoffs or functions that family members attain, appear to be many. Though these relational states are often seen as opposite ends on a single bipolar dimension, we have found it more useful to consider each as a separate dimension that ranges from low to high.

Closeness (or intimacy or openness) is generally seen as bad. But this need not be the case. 'something' may produce merging but in the non-adaptive form of enmeshment which can lead to schizophrenic behaviour and poor self-identity. The child who coerces attention(contact/closeness) by whining is not seen as bad because of the function that is created, the therapists job is to modify the family system so that an alternative behaviour (such as seeking advice in a friendly manner) can functions to create contact/ closeness. Family therapy is based on the notion that to produce this change other family members must also behave differently.

Merging contact/closeness

Behaviours and interpersonal styles that produce contact/ closeness in a relationship tend to increase psychological intensity, enhance the opportunities for interaction, and maintain or strengthen contacts that would otherwise decrease.

It is impossible to create lists of behaviours that inevitably function to produce contact/closeness because, as the old saying goes 'one person's pain is another person's pleasure'. The very same behaviour that in one relationship produces merging can have the opposite effect in another relationships. Therapists must be particularly careful not to project their own interpretations of functions to family members.

Separating Distance/Independence

This second major category of interpersonal functions includes behaviours that tend to decrease psychological intensity and dependence as well as physical and emotional contact. Colloquially

seeking, these behaviours or styles send the message "you'd better do your things as your own because I am doing mine as my own".

As with merging and separating, tales may form. Some are acceptable to others, some unacceptable. For example the man who works two full – time jobs is absent from his family for long periods, but the added income may be sufficient reason for others to find this degree of distance tolerable or even desirable. Another man may be gone for the same amount of time but spend it out drinking. Thus although both men are separated from their families for equivalent periods of time, they tend to be evaluated differently.

Relationships among functions

Three aspects of human relationships complicate the understanding and assessment of interpersonal functions. First, as already mentioned, any given behaviour is not inherently functional in a certain way. While expressing feelings may increase closeness in most relationships, for some people it is frightening or otherwise aversive behaviour that drives them away. The meaning of any behaviour can thus be ascertained only in context.

Second, the functions in family are not clearly discrete, instead one blends into the other. In addiction the intensity of each varies from zero to large amounts. A child, for example, can maintain low levels of contact/closeness by occasionally talking quietly to a parent. The child can generate high levels of contact by active conversation or (on the coercive side) by whining and demanding attention. The child can generate very high levels through tantrums, poking on siblings, or being particularly appealing to a responsive parent. To identify the functional relationship between two people, then the clinician must in a sense do a frequency count of, or plot, functional reactions over time and identify the predominant direction of these actions.

The third complicating factor is the fact that relationships exist in the context of other relationships. Any behaviour that creates

contact/closeness between X and Y may at the same time create distance/independence between X and Z. In fact family members often behave in a certain way with one person in order to create a relational outcome with another person. Functions exist only in the context of relationships, and the very same behaviours may be functionally different depending on the particular relationships in question.

Posing the family portrait therapy

To understand more clearly we could apply family psychodrama of family sculpting or Family portrait. Family functioning could be compared to an orchestra where each member is keeping or playing the time to keep the theme going. They are forced to keep these themes. Since a family has highly interdependent set of relationship cognitively, in affect and in behaviour, the therapist needs to look into the theme which is Maladaptive. Each member is getting a pay back from the incidents in the family.

In psychodrama we could generate feelings. It is all right to have uncomfortable feelings. At a group session, a person is called out to pick up all the significant person of the family of his origin, form the group around him. These are persons who had major impact on the client. We can make the client to recall the earliest memories of his Dad. Ask the client, if his mother is close to his Dad or not. Sculpting goes on. The client is free to move around and to place each person as needed. Now he is asked to place the brother or sister closer to Dad or Mam or to himself. When he finds it difficult to place certain siblings, we can cover his or her face. Then the client may demand to see the face of those siblings. To occupy the position assigned to the client is very difficult. As a therapist we have to take time to give him a chance to move around and change the position of each member. When the client feels shaky and comes out with powerful feelings, be with him with empathy and support. Then make the client talk about the dynamics of the family such as decision making etc. Then let him explain the role of each member in the family.

The separated and dead members also could be placed accordingly. The therapist who does the sculpting does placing of each member according to the instruction of the client. The co-therapist observes the feelings and expression of the client and the interaction with the therapist and the client. In this way, family interaction, dynamics, roles, pay off are acted out with awareness and feeling. Each family has history of its own, which needs to be analysed to get major clues. Every time, one can go on deeper and deeper in content analysis but stay with the interaction that is going on right now. This method could be used to help families through groups.

CHAPTER 7

COUNSELLING THE HIV/AIDS VICTIMS

Introduction

Human Immunodeficiency Virus Infection and Acquired Human Immunodeficiency Syndrome (AIDS) is caused by a virus called the Human Immunodeficiency Virus (HIV) which was isolated in 1983. Entry of virus into the human body leads to its spread to all tissues in the body. The virus has a predilection for the cells of the immune system that forms the body's natural protection against infection. This leads to a depletion of the body's natural resistance and a state of immunodeficiency. The body becomes more prone to infection by opportunistic organisms, which can lead to death.

The progression from the time of entry of the virus to death takes varying duration. From studies it has been found that 1.0% of HIV positive patients progressed to AIDS within two years, 12.0% within 5 years, 53.0% within 10 years and 61.0% with 12 years. During this time the individual may be well for long periods but remains infective for life.

HIV infection and AIDS is an incurable disease or condition at the present time. There is no effective treatment or vaccine till today. This is further aggravated by the tremendous psychosocial impact on the person with HIV infection and AIDS, the family and community. However, it must be emphasised that AIDS and HIV infection is a preventable condition, mainly related to the lifestyle and behaviour of an individual. Therefore, counselling plays a crucial role in the prevention, transmission and management of HIV infection and AIDS and allows the individual to make informed decisions that can improve lifestyles.

Epidemiology

Cases of AIDS were first reported in the United States in 1981. Since then, it has become a worldwide pandemic. Until 1993, World Health Organization (WHO) has estimated over 2.5 million cases of AIDS among adult and 30 million carriers worldwide. It is also estimated there are half a million cases of AIDS and over one million HIV carriers in children.

In Malaysia the first AIDS case was reported in 1986. Up to November 1994. 117 cases of AIDS have been diagnosed with 81 deaths. Up to the same period, there were 10,621 HIV carriers reported. It is projected that by 1995, there will be 32,000 carriers and 2,500 cases of AIDS.

The vast majority of carriers reported are among the intravenous drug abuser (IVDUs) i.e. 95% and males form 96.5% of these carriers. Females form 13.0% and males 87.0% of the AIDS cases. It is important to emphasise that there may be many more undetected carriers in the population.

Mode of Transmission.

There are three main modes of transmission of HIV viz. sexual, parental and perinatal. It has been reported that the virus is found with higher concentration in blood, semen, cervical, vaginal and anal secretions. However, it is also found in other body fluids.

a) Sexual transmission

Sexual transmission is the most frequent mode of transmission globally. An infected person can spread the virus to his or her sexual partners through unprotected, penetrative heterosexual or homosexual intercourse.

b) Parenteral transmission

This occurs through the transfusion of infected blood or blood products. Commonly in Malaysia, this mode of transmission occurs among drug abusers who share needles.

c) Perinatal transmission

This occurs from an HIV infected mother during pregnancy or at time of delivery. The risk of transmission of the infected mother to the foetus is about 20.0% - 40.0%.

Definition and Clinical Classification of HIV infection and AIDS

HIV infection is defined as the stage when an individual is infected by HIV indicated by the presence of anti-HIV antibody and or HIV p24 antigen in the serum confirmed by a designated Reference Laboratory.

AIDS is defined as when an individual has the anti-HIV antibody confirmed to be positive as above and in addition has at least one of the AIDS defining conditions and CD4 T-cells lymphocyte count of less than 200 ml.

In counselling and management, it is very important that this distinction is recognised. The clinical classification of HIV infection and AIDS is as follows:

Group 1. Acute Seroconversion State

From the time of entry of the virus until production of antibodies starts. This generally takes 2 to 12 weeks. The point of Seroconversion is manifested by non-specific symptoms of fever, night sweats, skin rash, headache and cough.

Group 2. Asymptomatci HIV infection

The HIV carrier enters into an asymptotic period and remains healthy. This stage lasts from a few to several years.

Group 3: Stage of Persistent Generalised Lymphadenopathy (PGL)

Group 4: AIDS

Due to the state of immunodeficiency and fall in CD4 cell count, opportunistic infections and special types of cancers can occur. The person becomes weak, loses weight and is rather ill. This stage is further subdivided on the basis of CD4 cell counts.

Testing for HIV

Laboratory test for the presence of HIV infection in the body is done by a two-stage process.

(a) Screening Test

This is done most Government Hospital and private laboratories by use of ELISA technique and result is usually available within two days or less. If positive (reactive), it is then necessary to confirm by other supplementary tests.

(b) Supplementary Tests

These are done at institute Medical Research (IMR) by Line Immunoassay (LIA) or Western – Blot which can detect the presence of both HIV I and HIV II virus. Only when a supplementary test is reactive it is confirmed positive. Other tests which are more sophisticated are also available at IMR for purpose of monitoring response to treatment or detection of HIV antigen in young babies below three months old.

Counselling

What is HIV/AIDS Counselling?

HIV and AIDS counselling is an active process of communication and dialogue between a trained counsellor and the client who presents with problems related to HIV or AIDS and in a view to assist the client to deal with these problems adequate and appropriately.

Objectives of HIV/AIDS Counselling

HIV/AIDS counselling is done to achieve various objectives. Among them are:

a. Prevention of infection through promotion of healthy life styles, behaviour, moral and spiritual values.

b. Prevention of transmission through modification of risky lifestyles and behaviours.

c. Provision of psychosocial support to those infected and /or affected by HIV/AIDS to achieve optimum level of functioning and satisfactory quality of life.

d. To complement health education and correct misconceptions or myths about HIV and AIDS

Who Needs Counselling

There are individuals or groups that require counselling. Among them are:

a. Those who practice risky behaviours and lifestyles such as individuals with multiple sexual partners, drug abusers who share needles,

b. Partners of the groups of people.

c. Those who request testing to be done for reasons best known to them. This includes the "worried well".

d. Those who are referred for counselling by other caregivers.

e. Those who been tested for HIV found to be negative or positive.

f. Those with presenting medical or neuropsychiatries symptoms suggestive of AIDS.

g. Those with psychological and other psychosocial problems related to HIV/AIDS such as depression, rejection etc.

h. Significant others related to care and management of HIV infected person

i. Caregivers involved in the management of cases with presenting problems of their own related to the care of their clients.

Who is HIV/AIDS Counsellor?

For a person to become a good and effective counsellor, one must be trained in skills and technique of counselling, has adequate knowledge in issues of HIV infection and AIDS and involved in management of these cases eg. health care workers including Doctors, nurses etc., Drug Rehabilitation Officers: Prison Officers; Non-Governmental Organizations (NGOs) workers; religious personnel and community leaders.

What are the Fundamentals of Counselling?

The counsellor should have an attitude that is responsible and caring in his/her management of his/her clients and willing to accept his/her clients in a nonjudgmental manner with regards to their sexual practices and habits, subcultural groups such as prostitutes, transvestites, drug dependents etc.

The issue of confidentiality is often mentioned in counselling. This must be strictly observed as far as possible within the counselling setting which may include the co-counsellors or assistants. The client has to be informed of requirement of legal notification in cases of positive results.

The setting should be done in privacy, not in open wards to ensure smooth progression of the process of counselling time is an important factor. The counsellor must ensure adequate time is given and punctuality must be strictly observed at almost all times. There may be occassion that a client may request unscheduled appointments to which the counsellor has to deal with.

Technique of Counselling

The effective of counselling depends on the techniques used by the counsellor and in the initial phase, rapport must be established. This may be achieved by self-introduction, handshake and ensuring sitting arrangements must be such to minimize obstacles and encourage eye contact in a non-confrontational posture. The counsellor should be able to empathize with the client. In interviewing

clients, skills must be applied to use open-ended questions and not one-word response. The counsellor must be very tactful to guide the interview should the client digress. Questions asked to the clients should be ranked and if clients have several concerns they should the client digrees. Questions asked to the clients should be ranked and if clients have several concerns they should also be ranked. Avoid use of technical terms and if certain jargon terms are used by the clients, they should be clarified.

It is also important for the counsellor to be able to evaluate the emotional state and explore the feelings of the client such as worries, anxieties, mood, fears, suicidal ideas, hope for the future etc. The counsellor should allow ventilation of various feelings such as fear, anger despair etc.

It is also important that the counsellor be honest in providing all information while giving support and must avoid giving false reassurances to the clients while on the other hand giving hope to them.

ISSUES IN HIV/AIDS COUNSELLING

In counselling there are several issues which are encountered which could be categorised as:

(a) General Issues (b)Social Issues

(b) (c) Sex and Drug Related Culture Sensitive Issues (d) Psychological Issues

(c) It is very important for the counsellor to be able to address the above issues.

Fin general issues, lay beliefs and misconceptions have to be corrected, for example virus can be transmitted through toilet seats, sharing of common utensils; transmission does not occur through casual contact such as hand shake etc. It is a common misconception among the public that asymptomatic carrier and AIDS are considered

the same category; all drug addicts have AIDS and infected person cannot have sexual intercourse. The counsellor has to deal with these issues and correct the misconceptions.

The common social issues that the counsellor has to deal are marriage, divorce, employment and financial problems.

Often, the counsellor has got deal with sensitive issues dealing with sexual and drug practices related to HIV and AIDS. Careful enquiry and skill in interview has to be done by the counsellor so as not to offend the client and maintain good rapport. For example there are times detailed interview has to be done on masturbation and other sexual practices; use of condom, sexually transmitted disease etc. The counsellor may have to explain the purpose of the enquiry.

In the issue of safer sex, it has to be mentioned that use of condom decreases the risk of transmission. There are instances when the counsellor has to instruct the right technique of using condom. In this sex and drug related culture sensitive issues, it must be emphasized that the objective is to prevent the spread of transmission through modification of lifestyles and behaviours.

In handling psychological issues of various forms eg. denial, shock, fear, anxiety, depression, and guilt, suicidal ideas and threat, the counsellor must be able to recognize the symptoms and severity and deal with them accordingly.

In certain instances, the counsellor may feel the need to refer the client to a Psychiatrist, for instance when the clients present with signs of cognitive impairments, psychotic symptoms, severe depression and suicidal thoughts for further opinion and management.

Stages of Counselling

Pre-test Counselling

Since AIDS and HIV infection are associated with profound psychosocial impact to the individual, family and community, pre-

test counselling should always be done by a counsellor. It is also recommended that the pre-test counselling is done even in cases of mandatory testing; for example in the prison and drug rehabilitation centers. Exemption for pre-test counselling could be considered in a cognitively impaired person, dementing illness, psychotic patients and mental retardation who are suspected on clinical grounds to be infected.

The objectives of pre-test counselling are:

a. To assess reasons for test to be done

b. To evaluate knowledge of the client in issues concerning HIV infection and AIDS, eg. "window period", risk behaviours, mode of spread etc.

c. Assessment of risk behaviours including the last possible exposure to the virus.

d. Evaluation of various psychological reactions in view to prepare patient for the outcome of the test.

This should also cover discussion in the procedures of the test, how result to be given, implication of test results and plan while waiting for the result such as discussion with spouse, informing family members etc.

It is important to not that the decision whether the test to be done or otherwise is very much the decision of the client for voluntary testing and consent should be obtained.

Post - test Counselling

Post test counselling should ideally be done by the same counsellor who did the pre-test counselling. This should cover negative, positive and indeterminate results.

Post-test counselling in positive cases is done after confirmation by a supplementary test and should be done without delay. During the counselling process time should be given for the client to understand the meaning of test results, allow ventilation of feelings such as silent, anger, fearfulness, hopeless etc. Emphasis should be given on the difference between HIV infection and AIDS. The counsellor should further explore and acknowledge the carious psychological reactions an concerns of the client; what the client plans to do in the short and long term period. Time should be given for the client to clarify concerns and worries about the test. Counselling process should emphasize modification of risk behaviours and lifestyles to prevent further spread of the virus. Follow up should be given in all cases of positive results.

In cases of negative result, assessment of clients understanding of negative result should be done with emphasis on issue related to "window period". If test has been done after 6 months of last exposure, this hold is accepted as negative. If the test has been done less than six months from the date of last exposure, the test should be repeated. Strong emphasise should be given towards modification of risky life – styles and behaviours to prevent possible exposure to the virus.

There may be some cases classified as indeterminate result. In these cases, explanation should be given to the clients and test need to be repeated in three months or as advised by the laboratory. As in other cases, emphasis on modification of risk behaviours should be given.

Counselling of AIDS Patient

Since AIDS is the terminal stage of illness, counselling of such cases should take into consideration the various issues such as chronicity of illness, physical disability, other medical condition with increasing psychosocial problems not only to the patient but also among the family members. Essentially counselling of these cases is very much similar to supporting the "Death and Dying". Issues

relevant to be considered would include "unfinished business" between patients and relative such as guilt, anger, rejection, expectation, etc. There may be occasions to discuss the need to draw-up a "will; the last rites, the presence of family members and friends at their bedside and other issues. Counselling of family members of patient and caregivers may need to be considered in some cases.

COUNSELLING IN SPECIAL SITUATIONS

There are situations where counsellors have to deal with in their clients who present with special problems as:

(a) HIV positive pregnant women

(c) HIV positive women desirous to be pregnant

(d) HIV positive mother who are breastfeeding

(e) HIV positive children and adolescents

In cases of HIV positive mother, the risk of transmission from mother to child is 20. 0 40% and the risk of transmission through breastfeeding is 2.0%. In all these cases, the decision to be pregnant or continue the pregnancy lies with the patient and her husband, who to be involved in the counselling process. In our Malaysian context, HIV positive mothers should not be breastfeeding.

HIV positive children may have been infected through blood transfusion or mother-to-child. In these cases the counsellor has to deal with feelings of guilt, depression etc, in the parents, anger, hostility in the siblings and other psychological reactions in themselves. The counsellor has to deal with these children as they grow up.

CHAPTER 8

SEX ABUSE

"Forgiveness is another word for letting go"

Mathew Fox.

Sex abuse is very common in our society. One out on five girls and one out of ten boys are sexually abused by the time they reach the age of 18. Sexual abuse happens to children of every class, culture, race, religion and gender. Children are abused by father, step father, uncles, bothers, grand parents, neighbours, servants, family friends baby-sitters, teachers, strangers and sometimes by aunts and mothers. The majority of abuses are heterosexual ones.

All sexual abuse is damaging and the trauma does not end when the abuse stops. The effects interfere with the day to day functioning of the victim. However, it is possible to heal. It is even possible to thrive. Thriving means more than just an alleviation of symptoms. It means enjoying a feeling of wholeness, satisfaction in life and work, genuine love and trust in the relationship and pleasure in the life.

Types of child sexual abuse.

There are very many ways of abusing children sexually. The following are some of the ways of child abuse seen today.

1. Fondled, kissed, or held for an adult's sexual gratification.

2. Forced to perform oral sex on an adult or sibling.

3. Raped or otherwise penetrated.
4. Made to watch sexual acts.
5. Forced to listen to excessive talk about sex.
6. Foundred or hurt genitally while being bathed or cleaned.
7. Subjected to unnecessary medical treatments to satisfy an adult's sadistic or sexual needs.
8. Shown sexual movies or other pornography.
9. Made to pose for seductive or sexual photographs.
10. Involved in child prostitution or pornography.
11. Forced to take part in ritualised abuse in which the child is physically, psychologically, or sexually tortured.

The Stages of healing the abuse:

The person who is abused has to go through some stages for getting healed. Although most of these stages are necessary for every survivor, a few of them-the emergency stage, remembering the abuse, confronting one's family, and forgiveness-are not applicable for every person. The main stages are:

1. The decision to heal.
2. The emergency stage
3. Remembering
4. Believing it happened
5. Breaking silence
6. Understanding that it wasn't one's fault

7. Making contact with the child within (Inner child is the self or soul)

8. Trusting yourself

9. Grieving and Mourning

10 Anger-the backbone of healing

11 Disclosures and confrontations

12 Forgiveness

13 Spirituality

14 Resolution and moving on

Effects

The long term effects of child sexual abuse has far reaching consequences. It permeates everything-sense of self, intimate relationships, sexuality, parenting, work-life even sanity. When children are sexually abused their natural capacity is stolen. Sexual arousal become linked to feelings of shame, disgust, pain and humiliation.

Coping or survival techniques

Coping is the method to survive the trauma of being sexually abused. There is a continuum of coping behaviours. The victim may have been away from home and and turned to alcohol and drugs, may have become a super achiever, excelling in school and taking care of brothers and sisters at home, may have forgotten what happened, withdrawn into oneself or cut off her feelings

Some coping methods have developed into strengths for example, being successful at work, becoming self-sufficient, developing a sense of humour, being good in crisis. But some other methods are self-defeating, for example, stealing, drug or alcohol abuse, compulsive over-eating etc.

Methods of Coping

There are different ways by which s sexually abused person is coping with the abuse.

1. Minimising. It means pretending that whatever happened wasn't really that bad. Kids growing up surrounded by abuse often believe that everyone else has grown up the same way.

2. Rationalising is the means by which children explain every abuse. They invent reasons that excuse the abuser, e.g., The child says that she enjoyed the act; that is why the abuser took advantage of her.

3. Denying is turning the heal of the other way and pretending that whatever is happening isn't or what had happened didn't. It is also a way to avoid telling anyone about the abuse. The more the secrecy the more the emotional damage done to a child.

4. Forgetting. This is one of the most common and effective ways children deal with sexual abuse. The human mind had tremendous powers of repression. Many children are able to forget about the abuse.

5. Splitting. It is a way of coping that allows a person to hold opposite views, e.g., the child separates from the father whom she depends on for love and protection.

6. Lack of Integration. Here the victim had a feeling of being divided into more than one person. There is the little girl having the good childhood but underneath there is the child who is prone to nightmares and sees people hiding in the corner of the room. On the inside the victim feels evil and bad, but on the outside she presents a different front to the world.

7. Leaving the body. Children who are abused often numb their bodies. So They will not feel what is being done to them. Others actually leave their bodies and what the abuse as if from a great distance.

8. Control is a threat that run through the lives of many survivors. Control may be positive and negative. Good organisation is an asset if you are a Manager, a mother, a worker. The negative side can be a lack of flexibility and difficulty in negotiating or compromising.

9. Chaos. The Survivor sometimes maintains control by creating chaos. If the behaviour of the victim is art of control, she gets attention.

10. Spacing out. Survivors have an uncanny capacity to space out and not to be in the present.

11. Being super alert. Some victims developed hyper sensitiveness and hyper alertness which can be an asset for survivors who become excellent therapists, sensitive doctors, compassionate friends etc. But the state o constant alertness may be wearing. We all need to relax sometimes.

12. Humour. Victims may develop a thought sense of humour, a bitter wit or sense of cynicism. As long as one keeps laughing one doesn't have to cry.

13. Busyness. Staying busy can be a way to avoid feelings.

14. Escape. Some people may have made attempts to run away. They escape through sleep, books or T. V.

15. Mental illness. For many survivors going crazy makes at of sense. They end up in emotional break down.

16. Self-mutilation. This is one way survivors control their

experience of pain. Instead of the abuser hurting you, you hurt yourself e. g., one woman beat herself severely with a belt or cut her hand with a blade.

17. Suicide attempts. Suicide sometimes is seen like the only option let in a life that feels out of control.

18. Addiction & isolation. Addictions are common ways of coping with the pain of sexual abuse. They are usually self-defeating and self-destruction.

19. Eating difficulties or overrating are another way of coping.

20. Lying. When children are told never to talk about the abuse or don't want people to know what is really going on at home, they become adept at lying.

21. Stealing. It enables one to forget everything for a brief moment-including the abuse.

22. Gambling: It is a way of maintaining the hope that life can magically change. It is also a thrill, a way to escape the difficulties and challenges of day-to-day life.

23. Workaholism. Survivors often feel an overwhelming need to achieve. While working to excess, can flow a strong motivation to succeed; it can also be a way to avoid an inner life or a connection to the people around.

24. Safety at any price; Some survivors have chosen security for others. They take few risks, sacrificing opportunities for protection.

25. Avoiding Intimacy: The Survivors goes to great lengths to limit intimacy. But avoiding intimacy means missing out on the rewards that healthy relationships can bring.

26. Safety: can be found by attaching to a brief system that has clearly defined rules and boundaries. The love of divine forgiveness can be a powerful pull for the survivor who feels the abuse was her fault.

27. Compulsively seeking or avoiding sex; While some survivors uses sex as an escape others may go to great lengths to avoid sex. Some of the prostitutes and a few who avoid marriage belong to victims of child sex abuse.

The healing Process

The healing is a continuous process. It begins with an experience of survival, an awareness of the fact that the victim lived through the abuse and made it to adulthood. It ends with the thriving experience of a satisfying life, and in the healing process. There are different stages that all survivors pass through. The stages are:-

I. The decision to heal

The decision to heal from child sexual abuse is a powerful, life affirming choice. It is a commitment every survivor deserves to make. Once you recognise the effects of sexual abuse in your life, you need to make an active commitment to heal. Deep healing happens only when you choose it and are willing to change yourself.

But healing is not an easy one. Choosing to work on abuse related issues will raise many questions. Once you commit yourself, your life won't be the same. The victim may wonder if it is worth taking the risk. The decision to heal wreaks have with marriages and intimate relationships, dealings with parents, other relatives, sometimes even with children. It can be hard to function, to go to work, to study, to think, to smile, to perform. It can even be hard to sleep, to eat or simply to stop crying. Age, race, religious background and other factors all influence the decision to heal.

II. The emergency stage

Beginning to deal with memories and suppressed feelings can throw the victim's life into gutter. But this is only a stage. It won't last forever. Many people go through a period when sexual abuse is literally all they can think about. They may talk about it obsessively with anyone who will listen. They may find themselves having flashbacks, uncontrollably crying all day long or unable to work. They may dream about their abuse and be afraid to sleep. Total obsession with sexual abuse is more likely if they have forgotten their abuse.

Surviving the emergency stage

The important thing to remember is that the emergency state is a natural part of the healing process and will come to an end. The nature of the crisis is that, overwhelms the person. While he is in it, it is all he can see. But there will be a time when he will not think, eat and dream sexual abuse twenty-four hours a day.

The helps needed for the client:

While undergoing memories of childhood sex abuse the following helps could be received by the client

1. Don't hurt or try to kill oneself if one starts feeling suicidal or self-destructive, reach out.

2. What one is going through is a recognized part of the healing process.

3. Find people to talk to. Don't try to bear it alone.

4. Get skilled professional support.

5. Get support from other survivors. It is unlikely that anyone other than another survivor can listen as much as one will need to talk.

6. Don't make things worse by hating oneself for being where one is.

7. Do as many nice things for oneself as possible.

8. Drop what isn't essential in one's life.

9. Create a safe area in one's home.

10. Watch the client's intake of drugs and Alcohol. Repeatedly numbing one's feelings will only prolong the crisis.

11. Get out of abusive situations.

12. Develop a belief in something greater than yourself.

13. This too shall pass. Your experience tomorrow, or next week, or next year will not be the same as it is right now.

III. Remembering.

Many survivors suppress all memories of what happened to them as children. Those who do not forget the actual incidents often forget how it felt at the time. Remembering is the process of getting back both memory and feeling. The experience of remembering abuse varies greatly from survivor to survivor. Many people have always remembered their abuse. They may have minimised its importance, denied its impact on their lives or been numb to their feelings. Some people have selective or partial memory. Remembering is a unique experience for every survivor. There is no right and wrong when it comes to remembering. Remembering sexual abuse is not like remembering ordinary, non-threatening events. All memories may not be literal representations of what happened. Some may be symbolic or may represent an aspect of the trauma, but may not be usually accurate.

Often, it is a particular touch, smell or sound that triggers a memory. Memories can remain in our bodies- in sensations, feelings,

and physical responses. Memories come up under many different circumstances, often with some event or situations getting off the process. Many survivors remember their abuse once they get sober, quit drugs or stop eating compulsively. Mothers often remember their own abuse when they see their children's vulnerability. Many women are too scared to remember while these abuse are still alive.

How to face a memory

1. Find a place where you will be safe. If you are at work try to get home or go to a close friend's house.

2. Call a support person. You may want to be with a supportive partner, friend, support group member, or counsellor before, during or after your memory. Or you may prefer being alone.

3. Don't fight it. The best thing to do is to relax and let the memory come. Don't use drugs, alcohol, or food to push it back down.

4. Remember it's just a memory. What you are experiencing is a memory of abuse that happened a long time ago.

5. Expect yourself to have a reaction. Recovering memories is a painful, draining experience. It may take you a while to recover.

6. Comfort yourself. Having a memory is a very vulnerable experience. Do some special things to take care of yourself.

7. Tell at least one other person. Even though you may prefer to be alone when you have a new memory, it's important that you tell someone else about it. You suffered alone as a child, you don't have to do it again.

IV. Believing it happened

Survivors often doubt their own perceptions. Coming to believe that the abuse really happened, and that it really hurt the person is a

vital part of the healing process. To heal from child sexual abuse, one must face the fact that one was abused. This is often difficult for survivors. Some survivors have no trouble believing it happened. But for some who have confirmation of their abuse, sometimes struggle with believing it happened. For many, denial has been a way of life. Denial is a self-protective way to deal with traumatic pain. Denial gives a respite.

For some survivors, disturbing doubts about their abuse persist for a long time. Some survivors grow up in families where abuse is a part of their daily lives that they believe what happened to them is normal.

Even when the facts are true, many still have trouble believing it happened. Believing doesn't usually happen all of a sudden – it's a gradual awakening.

V. Breaking silence

Most adult survivors kept the abuse a secret in childhood. Telling another human being force that can dispel the shame of being a victim. An essential part of healing from child sexual abuse is telling the truth about her life. The sexual molestation of children and their same that results, thrive in an atmosphere of silence. Breaking that silence is a powerful healing too! Yet it is something many survivors find difficult.

Children do not generally say that they were abused, but they often tell through behaviors. They wet their beds. They steal from the parents wallet. They are terrified to go to sleep and wake up screaming from nightmares. They develop asthma. They stop eating. They have troubles in schools.

Perceptive parents notice changes and respond. But until recently most abused children had no one who would listen. No one wanted to know.

But they must tell. Telling is transformative. When one let someone know what she has lived through and that person hears her with respect and genuine caring, one begins a process of change essential to healing.

There are many levels of telling. One may tell with detachment, with sadness, with anger or with humor. An excellent place to begin to talk about the abuse is, in a counselling or support group. Telling the partner, lover or close friends is also important. This will make them know why she was sometimes sad, angry, upset, busy, needing to be alone. Her lover or partner needs to know why she may have difficulty with sex.

VI. Understanding that it was not the victim's fault

Victims often believe they are to blame for being sexually abused. But it is never the fault of any of them. Some survivors were told explicitly that it was their fault. The abuser said 'you are a bad nasty, dirty girl, that is why I am doing this', Many survivors hold shameful feeling if they needed attention and affection and didn't fight off sexual advances because of those needs; but they were not wrong. Every child needs attention. Again some women experienced sexual pleasure, arousal, and orgasm. But it is important to recognise that it is natural to have sexual feelings and that even if one had sexual responses to the abuse and those responses felt good, it still doesn't mean that she was responsible in anyway. Further it is unfair to expect children to be able to protect themselves. It is the responsibility of the adult to behave with respect towards children.

A key sign of healing is that her shame becomes less. The most powerful way to overcome shame is simply talking about one's abuse. Being in a group with other survivors can be a powerful way to vanquish shame, spending time with children can provide one with convincing evidence that the abuse wasn't one's own fault.

VII. Making contact with the child within

Many survivors have a difficult time with the concept of the child within. Very often women blame her, hate her or ignore her completely. But forgiving that child is an essential part of healing. Getting in touch with the child within can help the cliet feel compassion for herself, more anger at the abuser and greater intimacy with others. Not having that little girl in one's life means she has lost something. Coming to an intimate relationship with the child means hearing the depth of her pain, facing her tremor, confronting her in the night. This will not be easy because it means remembering a time when one did not have the power to protect oneself. It means remembering one's shame, one's vulnerability and pain. It means acknowledging that the abuse really happened to the person.

VIII. Trusting oneself

The best guide for healing is one's own inner voice, within all of us, there is an inner voice that can tell us how we feel. Learning to trust one's own perceptions, feeling and intuitions forms a new basis for action in the world. If an adult told her that her experiences didn't really happen she probably became confused and distressed, unsure of what is real.

IX. Grieving & Mourning

As a survivor of child sexual abuse she has a lot to grieve for. She must grieve for the loss of her feelings, for her abandonment, for the past and for the present, for the damage she has to heal, for the time it takes, for the money it costs, for the relationships ruined, the pleasure missed, for the misunderstanding it caused etc.

An essential part of healing from traumatic experiences is to express and share one's feelings. To release these painful feelings and to move forward in life, it is necessary to grieve. It may seem foolish crying over events that happened so long ago. But grieving is a way to honour one's pain, let go, and move into the present.

X. Anger – the backbone of healing

Anger is a powerful and liberating force. It is a natural response to abuse. But many are unable to express their anger to the person who abused them. If one is unable to focus her rage at the abuser, it will go somewhere else. Many survivors turn it on themselves, leading to depression and self destruction. Many survivors have turned their anger against partners and lovers, friends, co-workers and children. But she has to direct her anger accurately and appropriately at those who violated her. One must place the responsibility and one's anger clearly on the abuser.

If one is willing to get angry and the anger just doesn't seem to come, there are many ways to get in touch with it, e.g. imagine a child you love being treated the way you were treated, read the writings of other survivors etc. Anytime you get angry for someone else, it tapes your anger as well. Getting into an angry posture also helps. Therapy and support group can be ideal places for stirring up anger. Further there are number of writing exercises that can release your anger.

Many survivors are afraid of getting angry because their past experience with anger were negative; it may lead to violence. But anger does not have to be an uncontrollable phenomenon. One can direct it to meet one's needs.

Many survivors have strong feelings of taking revenge on the abuser. They may dream of murder or castration. Wanting revenge is a natural impulse and a satisfying one. For if one has suppressed one's anger for many years it can be explosive. These are only feelings of anger. One does not attack on these feelings. Releasing of anger heals the client. Hence one need not feel guilty about having angry feelings. Recognition and acceptance of feelings of anger, prevent attacks.

Methods of Expressing anger

Whether one express one's anger directly to the abuser or

she works with it herself, it's essential that one gives it some outlet. Some of the following Behavioural methods could be useful to release suppressed anger feelings. The following are the positive methods of expressing anger.

1. Speak out
2. Write letters (either to send or purely for the chance to get your feelings out)
3. Pounding the pillow
4. Break old dishes
5. Scream (get a friend to scream with you)
6. Create an anger ritual (burn doll on the beach)
7. Take a course in marital relationships
8. Visuallise punching and kicking the abuser when you do aerobics
9. Dance an anger dance. The list is endless. You can be creative with anger. And ultimately, you can deal with anger.
10. Running, Sleeping, Spot running

XI. Disclosure and confrontation

Every one has a right to tell the truth about one's life. For keeping silence is in the best interests of only the abuser and it will not protect the children who still have contact with the abuser. Many survivors have a compelling desire to speak out. But they are apt to feel fear and confusion.

There are many motives for wanting to confront or disclose. They are: (1) Validation of things that actually happened (2) To get

factual information to piece together the memories (3) Mae the abuser feel the impact of abuse (4) To get financial reparation or payment for the therapy (5) Pray for the abuser (6) Try to forgive the abuser and try to understand him.

There is no right course of action in disclosure and confrontations. There is nor right time to tell, no right way to tell and no right decision whether to tell. It is very important not to be pressured into confronting.

If one decides not to disclose, makes sure it is not because of shame or to protect the abuser or the family. One must be aware of the kind of responses one might get on disclosures. Often family members find the exposure so threatening that they turn the survivor into a scapegoat. If the abuser is an outsider one may find it easier to enter into confrontation.

Normally the response of a confrontation may not be satisfying, compassionate or responsible. So one must prepare oneself for defensive is very important. Practice saying the things one wants to say and responding to different reactions. One can write out the things one wants to get across and memories the essential points. Look out for several possible outcomes. But always encourage the client to talk of the event of sex abuse in detail to the counsellor. Choosing not to confront one's abuser is a reasonable option if the choice is made from strength rather than fear.

Even without direct confrontation one can experience the satisfaction of it. The methods are (1) one can write him a letter and not mail it (2) one can write a poem or draw a picture and publish it (3) one can donate money to an organisation that helps survivors.

XII. Forgiveness

Forgiveness o the abuser is an essential part of the healing process, it tends to be the one most recommended. Developing compassion and forgiveness is a required part of the healing process.

Forgiveness is essential for one's own growth. One must forgive oneself for having been small. One must forgive oneself for coping the best one could. One has to forgive oneself for repeating one's victimisation. This forgiveness is what is needed. If the abuser is one of the parents, it is good to balance the anger and grief with the good qualities and pleasant memories of the same parents.

XIII. Spirituality

Having the sense of a power greater than oneself can be a real asset in the healing process. Spirituality is a unique personal experience. One might find it through traditional religion, meditation or from the support group. If one has an established religious path, faith will probably play a strong part in one's healing. Spirituality may enhance the healing. But it is not a short-cut through any of the stages of the healing process. It should be an enrichment to healing, a source from which one can draw comfort and inspiration.

The process of change

An important step in the healing process is the decision to change. The basic steps to making changes are:

1. Becoming aware of the behaviour one wants to change.

2. Examine the reasons one developed one developed that behaviour to begin with.

3. Have compassion for what one has done in the past due to the influence of child sex abuse.

4. Find new ways to meet one's needs in a healthy way.

5. Get support from some one

6. Make several attempts

7. Be persistent in correcting oneself

But the decision to change will have repercussions on others because they will have to change too. Change requires support and community. If one does not get it from the people close to oneself, seek it elsewhere.

Self esteem and Personal Power

Self esteem is an important affect of sexual abuse. In the healing process self-esteem is experienced. But in the early stages the victim may feel worse than she left before. Yet healing is not just about pain. It is about learning to love oneself. At the beginning of the healing the survivor may be experiencing negative messages constantly. But as time goes by and as the basic self image starts to shift, these messages will come less frequently. An important part of creating a healthy self image is being with people who respect oneself who understand and take one seriously.

Feelings

We have feelings all the time. Feelings arise in response to whatever is happening in our lives. If one's feelings were denied or criticized in childhood, it may take a while before one feels safe enough to express one's feelings. Many victims first experience this safety with a counsellor.

One useful tool for clearing out old feelings is emotional release work (for anger for grief, for tension)

Many survivors fear that if they open up their feelings, they will suddenly go out of control. But strong feelings do not mean one will be unable to control oneself. If one cannot control one's own feelings, do some emotional release work.

Panic is a situation; the survivor gets scared by her own emotions and don't have the skills to calm herself down. The most effective way to deal with panic is to catch it early. The first step is breathe. The important thing in claming down is to do whatever work for oneself; Consciously changing the environment can sometimes

help one out of panic. Yoga and meditation techniques such as Vipasana or Zen are helpful to control panic attack.

Your Body

When the victim talks about the experience of abuse and when she shares her feelings verbally, she is doing important releasing. But to heal fully this release must happen to her body as well, because sexual abuse was done to the body. Learning to love the body is a major element of healing. This is a slow and gradual process. Different methods are suggested, e.g., relax in ba th, look at the mirror, and appreciate your body, breathing,self massage, exercise etc.

Intimacy

Intimacy is a bonding between two people based on trust, respect, love and the ability to share deeply. But survivors find it difficult to develop these qualities in their life. A close friendship will provide intimacy. One need not marry or be the lovers.

Sex

Survivors are not alone in needing to heal sexually. One's problems may not be tied to specific abuse. One may feel an overall terror whenever one is in a sexual situation. One may try to meet all one's needs through sex. As one allow oneself to remember and open up to repressed feelings. One may find that making love is even harder than before.

Experiences of sexual pleasure and intimacy often raise conflicting feelings. Many survivors experienced only pain and numbness when they were abused, others felt sexual arousal or orgasm. Because these good feelings were entwined with fear, confusion, shame and betrayal, they grew up feelings that sexual pleasure was bad.

Some Survivors do not feel any pleasurable sensations when they make love. Others have orgasms but feel tremendous guilt about enjoying sex. And some feel conflict or distress. It was a terrible

violation that one body's natural responses were exploited. However, sexual pleasure in itself is not bad. Sexual feelings are not inherently dangerous or destructive. Like fire, their qualities and effects depend very much on who is using them and to what purpose.

To heal sexually one must learn to say no to unwanted sex. Sex is an experience of honesty, pleasure, and intimacy; it starts, it changes, eventually it is over. But other than that, anything can happen. Most sexual healing requires at least a minimal level of commitment between her and her lover. Talking is another way of making love. In family therapy, a counsellor must take into consideration, several areas of healing as there are partners who had been abused sexually in childhood.

A truly chosen sexuality

One can release oneself from the linkage of pain, humiliation, and sexual excitement. It is possible to change one's conditioning, to disconnect those associations; to create an authentic, truly chosen sexuality that embodies passion and excitement with loyalty and commitment.

1. Make the commitment that she wants to change. Saying "I don't want to do this anymore" is a powerful beginning.

2. Back to her commitment with action, stop engaging in sex that is abusive in any way.

3. Start with oneself. Work with one's own fantasies.

4. Practice staying present in the moment.

5. Talk honestly about one's experience.

Even though it's difficult to talk about these things, it is essential to do so if one is to overcome one's shame & move on. Talk to a therapist, a trusted friend, and one's lover. A good support group and a listening counsellor could heal the client from the after effects

of abuse. When one learns to accept oneself – love therapy could be applied by the client herself.

Sexual healing over time

Sexual healing takes a long time, but gradually it happens. What you experience sexually today is not what you'll experience a year or two years from now. What seems like a terrible problem now may be just a minor annoyance later on. Or sex may get easier for a time, and then hard again, when you hit a deeper layer.

Sex also has a lot to do with the level of intimacy in your relationship, the dynamics in the relationship, even the particular lover you have, your experience of sex can change within a single relationship as well. It takes a long time to heal sexually. If you are putting steady, consistent effort into developing a fulfilling sexuality, have patience, accept where you are, and trust your capacity to heal. Even without a lover, reclaiming your sexuality is worth it.

Counselling

The support of a skilled counsellor can be extremely helpful in your healing. A good counsellor is a compassionate witness to your healing. By offering consistent support, encouragement, hope, information and insight, a counsellor provides a safe space within which we can learn to accept ourselves.

For many people a counsellor provides a safe place to spill out the secrets and pain and the hopes – that have been held inside.

The most important thing about therapy is that there is someone who will listen to you freely. He won't talk back, or correct you, or interrupt, or tell you you're wrong, or undermine you in more subtle ways. You can say anything you want, you can say the things closest to your heart, the things you may never have told anyone, and it's all right.

There is a magic that takes place in therapy, a transformation. Feelings are reclaimed, ancient hurts are resolved, lovers are reenvisioned, and the future opens up with possibilities. What once seemed impossible and unattainable often comes within reach. Therapy can be a powerful vehicle for change.

Counselling is not always comfortable, but you know you're with a good counsellor if you develop more and more skills in taking care of yourself as time goes on. Even if there is an initiai period of strong dependency, one should eventually become more independent. Rosily's counsellor was able to do this for her. She remembered her counselling experience as following:

"I really owe a lot to my counsellor. When I was struggling time and again and would say where do I go from here? What should I do? He would say, Trust your process. Trust yourself you know. The greatest gift he's given me is belief in my self. He constantly reflected to me my own knowing and my own power; my own ability to heal. He never gave me the answers. He never did the healing. It's very important to work with people who help you get back your trust in your body, in your instincts, in your gut, in your voice, in you.

Although your relationship with your therapist may be tremendously significant to you, it is essential that you don't relinquish all of your power in the counselling relationship. Remember that you are at the centre of your life and your healing. A good counsellor is only one of the many resources you will use."

A good support group should be safe and respectful space in which each member is valued.

Expectations should be clear, participants should share time and focus equitably, and no one should be made to feel that she needs to exaggerate either her abuse or her pain to deserve attention. Because survivors share extremely vulnerable parts of themselves, support groups are not appropriate places for confirmations and criticism. Instead, the focus should be on each person's individual and unique healing journey.

Counselling is not the only context in which such healing can take place. Many survivors do their healing work in other ways through art, music, writing, outdoor adventures, spirituality, and activism, to name a few. Survivors draw their support from friends, partners, family members, and other survivors. But for many, counselling is at the core of their support system, providing a safe and supportive haven that makes growth and transformation a reality.

CHAPTER 8

RECLAIMING THE INNER CHILD- TODDLER

"He brought me out into an open place;

he rescued me because he delighted in me".

Psalms 18:19

Debriefing

Lack of self knowledge is a great tragedy in ones life. An adolescent is modeled by the rigid family systems which is the most conscious identity he or she holds. These roles becomes addictions. By being in this role you feel that you are important. To let go of these false identity one has to get in touch with deep toxic shame which connects your original pain that has wounded the core of your being.

While you write your adolescent history one focuses ones wounded inner child which is contaminated your life. Make sure to give a detail of your traumas like the loneliness, the peer group pressure, the rejections and the pain about your family.

Feeling the Feelings

To heal your adolescent you need to timely leave home, you also need to bring together your developmental stages. I suggest that you have a big home coming party with your adolescent as a host.

Meditation: Embracing Your Lost Inner Child

Sit in an upright position. Relax and focus on your breathing..... spend a few minutes becoming mindful of breathing..... Be a ware of the air as you breath it in and as you breath it out..... Notice the difference in the air as it comes in and as it goes out. Focus on that difference.....(one minute). Now imagine that you're walking down a long flight of stairs. Walk down slowly as you count down from Ten. Ten.....(ten seconds)etc. When you reach the bottom of the stairs, turn left and walk down a long corridor with the doors on your right and doors on your left....(one minute). As you look forward the end of the corridor there is a green field of light.....walk through it and go back through time to a street where you lived before you were seven years of age. Walk down that street to the house you lived in. Look at the house. Notice the roof, the colour of the house and the windows and doors.....see a small child come out of the front door.... How is the child dressed? Walk over the child.....Tell him /her who you are now. Tell him /her that you know better then anyone what he/she had been through..... His suffering, his abandonment.... his shame.... Tell him that of all the people he will ever know, you are only one he will never lose. Now ask him if he is willing to go home with you? If not, tell him you will visit him tomorrow. If he is willing to go with you, take him by the had and start walking away... As you walk away see your pappa and mamma and come out of the house, wave goodbye to them. Look over your shoulder as you continue walking away and see them getting smaller and smaller, until they are completely gone... Turn the corner and see your God or saints.. and your most cherished friends waiting for you. Embrace all your friends and allow your God and saints to come into your heart..... Now walk away and promise your child you will meet him for ten minutes each day. Pick an exact time. Commit to that time. Hold your child in your heart..... Now walk to some beautiful out door place... stand in the middle of that place and reflect on the experience you just had.... get a sense communion within yourself, with your higher power and with all things.... Now look up in the sky, see the purple white clouds from the number 5.... see the five become four... and be aware of your feet and legs.... see the 4 becomes a 3.

Feel the life in your stomach and in your arms. See the 3 become a 2, feel the life in yoour hands, your face, your hole body, know that you are about to be fully awake - able to do all things with your fully awake mind - see the two become a one and be fully awake, remembering the experience.

I encourage you to get an early photo of yourself. Preferably a photo of you before you were seven years of age. I suggest you put it in your purse. Put the picture as your desk so that you can be reminded of this child that lives in you.

Much data supports that the child lives within us in a fully developed state. This child to the most vital and spontaneous part of us and needs to be integrated into our life.

Getting child Developmental Needs Met as an Adult

We recycle our developmental needs all through our lives. Each time we start something new we trigger our infancy needs. After we are secure and trust our new environment, our toddler part wants to explore and experiment our own children trigger our needs as they to through their various developmental stages. We have an opportunity as an adult to come for ourself at each of these stages. As adults we can create a context where we can get our needs met. I was neglected in fathering. I've created a group of men who serve as supporting friends who give me feed back. I've created a group of men who serve as supporting friends who give me feedback. I've learned that as an adult I can make what I get from others serve my needs. Children never get enough. Adults learn as they mature to make what they get be enough. So I can take an event of sharing in my group and make fathering out of it. If one of the members is especially murmuring to me, I can allow that to be fathering. I can also let other events in my life serve as fathering and mothering. I can also learn as an adult to get the things, I specifically need. I can be good to myself and treat myself with nurturing respect and kindness.

The Universal Quest For the inner child

It is important to note that the need to find the inner child is part of every human beings journey toward wholeness. No one had a perfect childhood. Every one bears the unresolved unconscious issues of his family history.

The inner child journey is the hero's journey. Becoming a fully functioning person is a heroic task. There are trials and tribulations along the way. In Greek mythology, Oedipus kills his father.

Crestar kills his mother. Leaving one's parents are obstacles one must encounter as one's hero's journey. To kill our parents in a symbolic way to describe leaving home and growing up.

To find our Inner child in the first leap over the abyss of grief that threatens us all. But finding the inner child is just the beginning. Because of his isolation, neglect and neediness, this child is egocentric, weak and frightened. He must be disciplined order to release his tremendous spiritual power.

The Voice Dialogue work of Halstene And Sidra Winkelman.

In their book, Embracing ourselves, Halstone and Sidra have developed a powerful approach for overcoming the self alienation that results from toxic shame. Their work is based on the promise that our personality is constituted by an array of selves that live within each of us. These selves are the result of the self splitting that happens naturally in the process o f growing up. Since our care-takers are imperfect, no one of them could have accepted us with perfect unconditional love. Each in his own way put conditions of work on us and measured us according to his maps of the world. In so doing they naturally rejected the parts of us that did not measure up to their way of viewing things. These parts were split off and over a long childhood become somewhat autonomous.

Each split off part become a little self. These selves call out to us constantly. They are "Manigested in our dreams and fantasies, in

our moods and maladies, and in a multitude of unpredictable and inexplicable reactions to the experiences of our lives". these inner selves are experienced as inner voices. The more we can become conscious of these inner voices, the greater is our range of freedom. While everyone has these voices, shame-based people have them in spades, so they have greater need than others to integrate their many selves.

As forms of energy, the disowned parts of us exert considerable influence on us. Shame-based people tend to be exhausted a lot of the time. They spend a lot of energy holding on to their false self-marks and hiding their disowned parts. I have compared it to holding a beachball under water. Virginia sair compares it to keeping guard over hungry dogs. These repressed parts exert lots of pressure by forcing us to keep their opposites going.

While we tend to be repelled by our disowned selves, they also hold certain fascination for us. The underlying promise of Stane and Winkelman's Work is that all our parts are okay. Nothing could be more affirming and less sharing. Every aspect of every person is crucial for wholeness and completeness. There is no law which says that one part is better than another part. Our consciousness with its many selves needs to operate on principles of social equality and democracy.

Voice dialogue posits consciousness as a process, rather than an entity. Consciouseness is not something we strive to achieve, it is a process that must be lived out. It is an evolutionary process continually changing, fluctuating from one moment to the next.

There are 3 distinct levels of consciousness.

1. Awareness

2. Experience of the sub-personalities or inner voices and

3. Ego

The awareness level is a witnessing capacity that does not judge what it witnesses. The sub-personality is the experience of a part of self-manifesting as an energy pattern. This could be physical, emotional, mental or spiritual.

A raging man, for example could be experiencing his shame-bound anger which he has repressed for years. His rage overwhelms him so that he is identified with his anger. There is no awareness. Once he becomes aware that he is raging, he can experience his anger. Then he can use his Ego to become more aware of his experience. The Ego is the executive of the Psyche-the choice marker. The Ego receives its information from the awareness level and from the experience of the different energy patterns. As stone and Winkelam say, "As one moves forward in the consciousness process, the Ego becomes a more aware Ego. As a more aware Ego, it is in position to make real choices".

This is the needed directions for healing the shame that binds us. The grandiose and disabled will I spoke of earlier is the mired in the shame-bound and disowned emotions. As we developed our false perfectionstic controlling, people-pleasing parts, our Ego lost its authentic executive power and become identified with what Hal and Sidra call the protector controller.

Letting Your Adult find new fathers and mothers for your Inner Child.

Another way to champion your inner child is to let your adult find new sources of nurturing for him. I call these sources new mothers and fathers. The crucial issue here is to let your adult find them, not your inner child. When your wounded inner child does the choosing, it sets you up to experience your earlier abandonment. The wounded inner child wants his real parents to love the positive and negative traits of his abandoning parent(s). Of course, this leads to great disappointment. The inner child projects on to his adult parent substitute a Godlike esteem that cannot be lived up to. As a limited human being, the adult parent substitute cannot meet the child's

fantasy expectation. The wounded inner child then feels let down and abandoned. Your inner child needs to know that childhood is over and that you can never go back and really have new parents. You have to grieve the loss of your real childhood and your real parents. Your child needs to know that you as an adult will do the necessary reparenting. However, the adult in you find people who can nurture and stimulate your growth.

God is my main father. Jesus is both my father and my brother. Jesus shows me how God, my father, loves me unconditionally. I have had great healing by reading the biblical stories of the prodigal son and the shepherd who goes after the lost sheep. In that story the shepherd leaves the whole flock to go and look for one lost sheep.

Giving your Inner Child new permissions.

Once you start to champion your wounded inner child you come face to face with another dilema. Since most of us are from dysfunctional families, we really do not know to be nurturing parents to our inner-child. Our wounded inner child is childish. He was either overdisciplined or under disciplined. we must become good nurturing disciplinarians if we want our wounded inner child to heal. Your inner child needs to internalise new rules that will allow him to grow and flourish.

Nurturing Discipline

Somebody once said that "of all the makes of freedom, discipline is the most impenetrable". I like that without discipline our inner child cannot truly be free. Mr. Scott Peck has important things to say on this point. Peck sees discipline as a set of techniques geared to ease life's inevitable pain. That's far cry from what I learned as a child. Deep in my subconscious, discipline means punishment and pain. For Peck, good discipline is a set of teachings about how to live our lives more gracefully, Good discipline involves rules that allow a person to be who he is. Such rules is a set of nurturing rules for you to reach your wonderful inner child.

1. It's okey to feel what you feel. Feelings are not right or wrong. They just are. There is no one who can tell you what you should feel. It's good and it's necessary to talk about feelings.

2. It's okay to want what you want. There's nothing you should or should not want. If you are in touch with your life energy, you will want to expand and grow. It's okay and it is necessary to get your needs met. It's good to ask for what you want.

3. It's okay to see and hear what you see and hear. Whatever you saw and heard is what you saw and heard.

4. It's okay and it's necessary to have lots of fun and play. It's okay to enjoy sexual play.

5. It's essential to tell the truth at all times. This will reduce life's pain. Lying distorts reality. All forms of distorted thinking must be corrected.

6. It's important to know your limits and to delay gratification some of the time. This will reduce life's pain

7. It's crucial to develop a balanced sense of responsibility. This means accepting the consequences for what you do and refusing to accept the consequences for what someone else does.

8. It is okay to make mistakes. mistakes are our teachers - they help us to learn.

9. Other people's feelings, needs and wants are to be respected and valued. Violating other people leads to guilt and to accepting the consequences.

10. It's okay to have problems. They need to be resolved. It's okay to have conflict. It needs to be resolved.

Communicating with your innerchild

You've already learned the first technique - writing letters. this method can be used for your daily communications with your inner child. Remember to use your dominent hand when you are in our adult and your nondominent hand when you're in your inner child. Here's the way one should do it. When he gets up in the morning, he must choose the time that he has to give that day to his inner child. sometimes when the child emerges in times of distress, loveliness, or boredom he should do the communicating then and there. But he should pick a twenty minute time advance.

Finding a New family

Championing your inner child involves getting him a new family of choice. A new family is necessary in order to give your child protection while he is forming new boundaries and doing his corrective learning. If your family of origin is not in recovery it is almost impossible to get support from them while you are in your own recovery process. Often they think that what you are doing is stupid and they shame you for it. Often they are threatened by your doing this work, because as you give up your old family roles, you disrupt the frozen equilibrium of the family system. you were never allowed to be yourself before why would they suddenly start allowing that now? If your family of origin was dysfunctional, it is the least likely place to get your nurturing needs met. so, I advise you to keep a safe distance and work on finding a new nonshaming, supportive family. This could be a support group of friends, it could be the group you joined to work on you inner child, or it could be anyone of the myriad 12 step groups now available all over the country. It could also be a church or synagogue, or therapy group, whatever you choice.

Dream Work

Another way to work on your shamed unacceptable parts is to learn how to integrate and interpret your dreams.

You dream every night. Current studies suggest that each of us dreams from one and one half to four hours each night. We dream in order to keep our lives up to date. Each night our dreaming is like the workers at the bank who are getting all the accounts up to date. The parts of our life that we've rejected calm or for us to notice them in our dreams. Our dreams are talking us about these parts. They are trying to get our attention so that we will integrate them. Our dreams may also be telling us about a part of ourselves that needs to actualized. Sometimes our dreams of death and dying are telling us of something or some behaviour that we have given up. Such dreams may be signaling a new beginning and a new and creative stage in our lives. The language of dreams is the language of imagery, not the language of logical thoughts. The dream is always trying to tell us something's that our conscious mind does not know.

The Talmud says, "A dream is an unopened letter to yourself".

Dreams work is work. The great error is to think it can be done quickly. The dream images half associations. These associations are parts of ourselves. They need to be integrated and owned. Some dream work errors in trying to be too interpretative. One assumes that there are no symbolical associations and that every part of the dream is a disowned or unrealized part of oneself. Good dream work involves both interpretations and integration.

CHPTER 10

GROUP THERAPY

"The Lord prefers common looking people.

That is why he made so many of them"

Lincoln.

Group counselling and group therapy are much used in healing today. Group counselling had several significant advantages, as compared with individual counselling methods. For example in a group for marries couples using the Berneau approach, one could quickly identify the games other couples are playing in the group. Since they are free to point out the masks of each other, they can be effectively dealt with. We could stimulate growth and wholeness in each member. As a therapist one could save time to deal simultaneously with more clients. In a group there is always mutual giving and taking relationships. Here, the group is working on the hidden potential then creating guilt over past mistakes and lost chances. Much education is received from regular groups such as AA and Al anon and Alanteen. Knowledge of group dynamics will helps us to relax as a group in a parish, village neighborhood groups and women's and youth groups.

Tinklenberg and Gilula present several therapeutic factors learned from twenty successful long term group therapy patients. They are mainly discovering and accepting previously unacceptable part of oneself and the ability to say what is bothering a person than holding it in. This helps the client to express their own feelings and feelings about other members of the group.

The Group teaches a person about the type of impression one makes on other members in the group. Again, the client learns that he must take ultimate responsibility for his life style and its problems. But always the group gives guidance and support to one another.

Encounter group:

Carl Roges introduced Encounter groups in 1960. These are good to help ib interpersonal interaction. Feed back is an essential ingredient of all T-groups and Encounter groups. These are stemmed from here - and – now observations. This is checked with other group members to establish its validity. Unfreezing is used to disconfirm an individual's former belief system. Motivation for changes has to be generated. Then only there will be openness to change. Teach members to recognize many cherished assumptions. Observant participation is learned by listening to oneself and others objectively. Congnitive therapeutic aids are used in these groups. Encounter groups encourage developing of different values such as interpersonal honesty and disclosure of self – doubts and sharing of perceived weaknesses.

The specialised Therapy group

There are groups for incest survivors, for AIDS patients, college drop outs, Asthmatic patients and borderline patients.

Goals and techniques have to be modified according to the special group's needs. Alleviation distress is the immediate goal in any clinical setting. In a Psychiatric unit, even if you cannot diminish hallucinations and delusion, we can engage patients in a therapeutic process. The Therapist can demonstrate that talking in a group helps. Problems could be spotted and isolation could be decreased. Patients could learn to be helpful to each other.

The factors which influence the working of the Psychotherapy are not dependent on schools of thought alone. Sheldon's experiments with groups did give a lot of insight on group functioning.

The power of the group therapy is much more than that of one to one therapy.

According to Yalom the following factors are essential to any group therapy.

a) Installation and maintenance of hope.

We may have persons from white or blue collar jobs and different socio-economic and ethnic groups. There has to be an experience of strength and hope, though there is difference in class and educational status among the members of the group. Installation is the beginning hope and maintenance means keeping up the expectation of the main goals of the group. The Client's feeling that he/she will be helped is the key point in keeping to motivation in group therapy. Do whatever one can to increase the efficacy of group coming back for therapy. Do explain to the group, it is good to have pre-groups. There will always be a positive or negative effect on the person by group therapy and not a natural effect. This means that we have to prepare the group. As Shelly, hope brings eternal in human life.

b) Universality

Most of the clients will have agitation and disquiet feeling. They feel they are unique. "I am not normal" is the common feeling. When the feelings of craziness is inside the client, please make sure that as a therapist one does not label the client. This will lead to stigmatisation. Isolation and alienation will be the major feeling of the client. This uniqueness feeling comes from catastrophic feeling and abusive experiences – (both cognitive and affect level). When there is a constellation of feelings and flooding, in a group one gets a chance to get relief and to disconfirm his uniqueness. He learns that others also have bad thoughts and feelings. He gets a welcome feeling to the human race. One can reflect back the universality of feelings. It is a relief to feel that one is not alone, and that others also have back ground as unhappy or up as oneself such as childhood, losses and childhood traumas. They feel at ease in a group. The

guilt of an abused child while entering the adult world can be taken away in a group. Dirty and unclear feeling of inner world could be shared in a deeper level with others with similar experience. Cultural minority, in a group could be affecting one, negatively. When we bring new persons into the group, we have to ask the members' permission. But as the therapy progresses, one feels that each and every person has funny feelings and negative feelings. This is the beauty of belonging to the larger family of human race.

c) Imparting information

(Directive Instruction). There is a need to know. It is a fundamental right. The emotional intelligence is in the feeling and insight, Music, art, and drawings are equally important. Persons feel that if they get the 'way' the problem will be solved. Take care that psychotherapy may not turn out to be information group. But it is partially an information addressing group, e.g., one may know more about depression or schizophrenia or addiction etc. It is good to impart information in an understandable way.

"Who I am" is the lip issue of a child who had been abused. His emotional development is not according to the chronological age. If a therapist responds in answers, he are destroying the therapy. Advice giving and seeking behaviour shows clue to the inter-personal pathology. The client is going to reject them. It is a non-empowering process which will break down the therapy. Some times the client may be seeking nothing, then we could reflect back to the client what he/she is looking for. Don't pretend that you have all the answers. Certain clients may never ask any question, because they continue in their self abuse. Then it is good to probe and bring out certain distorted notions.

d) Altruism

Helping others gives a person more self respect one learns to put others needs ahead of one's own. Service, giving and taking care of others are the therapeutic factors. Bill Miller did a study on

alcoholism and Drug Addicts and got interested in prayer. He went to different denominations and specific people who were prayed for each day and found that there is significant improvement in these clients than who did not have. Rehabilitation begins when a person starts helping oneself. When a person becomes other oriented, growth is easier. There will be much more meaningfulness,. It is a dangerous thing to remain in one's own head. Logo therapy of Victor Frankel is touching on the method of Existential therapy. By giving part of oneself to others, one feels important in their lives.

Meaning is a by product of transcendence. It is derived from altruism. "Helpers high" is a term used to explain the well being feeling of altruism. Service is a powerful element in healing.

e) Group cohesiveness:

Here the members feel a sense of belongingness and being accepted by a group. Cohesiveness helps to continue close contacts with other people. They learn to reveal things which are embarrassing and still feel accepted by the group. They get rid of their loneliness. They feel understood by other members.

f) Connective recapitulation:

This means basically putting it together a second time of the primary family group. It is an experience that happens in group. Great majority of clients may not be involved in family recapitulation. They may have unsatisfactory experience of primary family. In a group the client gets the opportunity to act out the pathological factors. It is probable that they interact in a group in the same pattern established in the primary family. Some may be passive, others may defy the leader. Clients may pick up the models of their family. The Group is the teacher. Therapist is only a facilitator. Change takes place through their insights received from group feed backs. One could take as a model the therapist or another member in the group and get out of primary family pattern what he might have received from primary family units.

The person can reconstruct himself from the group therapy. There is a spirituality stage of re-experiencing the bondedness of one's own family.

g) Developmental skills and socialising techniques:

Blaming parents don't help. They may be responsible for the abuse. After abuse, the person may get into arrested development and get stuck emotionally. When one remains aloe with oneself, these emotional areas could be experienced. In a rehabilitation centre, explicit techniques could be used such as role playing to teach social skills. Assertive techniques could be used by the therapists, so that each member gets a chance to express feelings, ideas and opinions.

h) Imitative Behaviour.

Imitative process has a lot of therapeutic impact. During the therapy, clients will be bonding with the therapist. There will be many corrective behaviours going on. They will be imitating you unconsciously, like for e.g. in communication. This is modeling of the therapist. Bandura talks of experiential modeling in social behaviour. This is the reason why parents need to close down the channel of violence and sex on the T.V. As for children and teenagers, elder persons could be imitated blindly. By observing, another patient with similar problem undergoing therapy, a client receives help. When the client is ready, he asks permission to leave the group.

i) Interpersonal learning

It is a large, complex factor. It is an analogue of what happens in individual therapy. In one on one therapy interpersonal relationships is happening more. There is corrective emotional experience and much of transference too. Self disclosure has to be done rarely and at the right time by the therapist. Otherwise the person does not know his boundary. As a counsellor, one cannot socialize with the clients. Meet the needs of a counsellor outside of clients social world. Harry Stack Sulivan's idea of self which is relational had to be kept in mind in order to give importance else factor in our therapy groups. If it does not happen something else will happen.

j) Group cohesiveness

The Group becomes cohesive as a result of its prolonged existence. The Group acts as a microcosm and the macrocosm. The small world of his own body, and the large world of the Universe are important for the client. Each member wants to include every one into the group. There will be significant relationships to certain persons in the group. As the process goes on, persons gets closer to each other. This cohesiveness makes it easier to enter into the important events of each one's life journey. There could be moments of hostility as well as affection.

k) Catharsis

It again is a therapeutic milieu, that helps each one to open up the inner world of feeling, emotions and belief. The sharing of one person encourages another to talk about himself. Group sharing acts like a mirror. All bottled up emotions could be realised without any shame. Intimate sharing of feelings enhances self respect, deepens self understanding and helps a person to live with others. Such an experience can be helpful to person at any level of illness or health.

l) Existential Factors

The last – factor is the existential factors. This is called as the third way of psychiatry and psychotherapy. The first is psychoanalytical and the second the humanistic. Existential therapies came from Europe after the experience of wars. This is also psychosocially related. The scientific reality of the inner world of reality and phenomenology are worked in existential therapies. Realities outside of oneself such as death, and immortality had an existential approach. Existentialists are processors who give importance to what each one feels now. Abuses learn to accept and love their primary families to go beyond the crippling limitations and pains of every day life. In a group, one recognizes that life is at times unfair and unjust. Members realise that they have to face life alone however close they are to others.

Formation of Group:

Groups may be held in any setting. Members have to be seated in such a way that they can see one another. If students want to learn about group therapy video tape could be taken and played back immediately after the session.

Types of Groups

There could be open and closes groups. In closed groups new members are not included. Whereas in open groups there will be always a consistent number by replacing the members as they leave the group. Some therapists lead a closed group for six months. Then the members evaluate their progress. The duration varies from forty five minutes to one hour. This is required for the warm-up interval and for the unfolding and working through at major themes of the session. Frequently of meeting varies from one to five timed a week. Groups, meeting once weekly often suffer from the interval between meeting. Ideally, there has to be three meeting in a week to be an effective groups.

Brief Group Therapy is rapidly becoming an important and widely used therapy format. All brief psycho therapy groups share many common features. Whenever time is limited, leaders must exercise great care in preparation and selection. When a brief group is having only 12 sessions, sometimes time could be consumed by attending to an unsuitable patient. Leaders must be active, efficient and effective managers of the time available to the group. A study of brief group therapy for the clients who lost their loved ones, shortly after the death of a spouse, did not show more significant improvement than with one-to-one therapy. But for Alcoholics and drug addicts to take a decision through group confrontation and sharing was found to be much easier.

The size of the group depends on the duration of the meeting. The longer the meeting the large and number of patients who can profitably engage in the group. There are marathon therapy in a

group having ten to sixteen members in a group. In Alcoholic Anonymous groups there could be more than eighty members.

Preparation for Group Therapy

Preparation the patients for the group is an absolutely essential task of the therapist. Several goals must be accomplished such as clarification of misconcepts, clearing away of unrealistic fears and expectation and education to anticipate group therapy problems and provide patients the cognitive structure that will enable them to participate effectively in the group. Some therapists prefer to see the patients several times in individual sessions primarily for the building of relationship. This will keep them in the group during early periods of discouragement. Common Group problems are goal incompatibility, irregular attendance and premature termination. Seeking of immediate comfort and sub grouping and extra group socialising are harmful to group functioning.

Process of group therapy

Once a proper group is selected with setting and preparations done, let us look into the stages of development of the therapy group. Each and every member creates his or her own social microcosm. Later on they discover their interpersonal style and eventually they experiment with new behaviour. The first group therapy session is invariably a success. Generally, the silence is broken by the patient who may dominate the group later on. The therapist begins to shape the norms of the group later on. It is the basic task of the therapist to create and maintain the group. A patient who drops out early in the course of the group, is considered as a therapeutic failure. Because the progress of the remainder of the group is adversely affected. Stability of the membership seems to be a sine-qua-non of successful therapy. Continued absences, sub-grouping, disruptive extra group socialisation and scope goading will threaten the integrity of the group. Hence the therapist must work to form a therapeutic social system with norms. Thus to a large extent it is the group that functions as the agent of change through support, universality, advice, interpersonal learning, altruism, and hope. A culture is built up through

effective group interaction. So that we can increase the honesty and spontaneity of the expression in the group. Sometimes the communications are primarily top or through the therapist. Non-judgmental acceptance will encourage self-disclosure as a true social microcosm. Norms are created in small groups at a relatively early stage. There will be a set of unwritten rules that determine the behaviour procedure of the group. These are shaped by the expectations of the group members and by the behaviour of the therapist. The therapist is thus advised to go about doing this important in an informed deliberate manner.

In the initial stage an orientation could be given. Either due to dependency or search for meaning the Group depends a lot on the therapist. In the second stage there will be much conflict, dominance and resistance and there will be struggle to control one another and there can be emergence of hostility towards the therapist. Sometimes they crave for dependency and then later on destroy the authority figure. Then they want to see that no one becomes the leader's favorite child. Therapists who are particularly threatened by a group attack protect themselves in a variety of ways. Either by withdrawal or through confessing frailty. Suppression of model setting opportunity. Instead of retaliating, understand and work through the sources and effect attack from the group.

In the third stage the group develops cohesiveness. After a period of conflict, common goals and the group spirit are achieved. Consensual group action giving co-operation and mutual support could be reached. There will be a we-consciousness, unity, and group integration. They establish intimacy and trust between peers. Here the concern of each patient is whether I am near or far from each other where as in the early stage the concern was whether she/he is in or out. Sometimes there can be hostility towards the newcomer. Freud compared psychotherapy to chess. In the same way we are not able to talk much about group therapy except about its opening stages and its termination. In between a lot of therapeutic Process are happening in the group.

In the group there can be special cases such as narcissistic patients, psychotic patients, schizoid patients. Here as a therapist one had to encourage a sense of humour while controlling the situations. A large cluster of patients may be borderline patients, with instability of mood, thought and interpersonal a severe life crisis that require individual therapy support.

An obvious and important function of the therapist is to fill in gaps for patients who miss meetings because of illness or vacation. When there are regular follow-up for groups, according to the felt need of the patients, special focus could be given to improving sharing skills and building up of new behaviour pattern.

Conclusion

The critical problem facing group therapy is that of keeping a balance between traditional set up and free techniques. Orthodoxy offers safety for adherents, but leads to stagnation. But certain organised techniques of therapies are needed to have effective outcome from groups. If rules are not kept in the group, the norms may not be followed. At the same time certain amount of spontaneity and dynamism have to be allowed for growth and healthy interaction and forming of social microcosm. It is ultimately the responsibility of the therapist to keep this healthy balance for the effective functioning of the group.

CHAPTER 11

REALITY THERAPY

Dr. William Glasser developed a very different therapeutic approach called Reality Therapy. The requirements of Reality Therapy - an intense personal involvement, facing in reality, rejecting irresponsible behaviour, and learning better ways to behave - bear little resemblance to conventional therapy and produce markedly different results. According as Reality Therapy the common cares of our problems are the inability to fulfill the two essential needs: to love and be loved, and to feel worthwhile to ourselves elder and others. Those also for one reason or another are unable to fulfill there needs are irresponsible. Because Reality Therapy does not accept the concept of mental illness, the patient cannot be changed or allowed to be used for present irresponsibility. Morality and discipline have a definite place in Reality Therapy.

Reality Therapy involves four concepts such as facing the reality rationally, rejecting irresponsible behaviour, intense personal involvement in the reality around you and learning better ways of behaviour.

Since past can not be completely changed, don't use past as excuse for present irresponsibility. Have honest responsible life style, feel worth while to ourselves and others. Our basic essential need is to love and be loved. we have to learn to keep commitments and obligations, get rid of "I am too good for this world syndrome" learn to get along with others however wrong they may be this needs assertive training, we have the freedom of choice in any situation, so be motivate to change yourself. Examine current reason for guilt's

and injustices. You may have to change your pattern of behaviour. silent and passivity in any situation are signs of evasion of responsibility. Don't find reason to reject others, accept every one in to life. Attend to the present, we need not ask for digging into the past.

How do we fulfill our needs?

At all times in our lives we must have at least one person who cares about us and whom we care for ourselves. If we do not have this essential person, we will no be able to fulfill our basic needs. Although the person usually is in some direct relationship with us as mother is to his existence and he, no matter how distant, has an equally strong feeling of our existence. One characteristic is essential in the other person: he must be in touch with reality himself and able to fulfill his own needs within the world.

A man marooned on a desert island or confined in a solitary cell may be able to fulfill his needs enough to survive if he knows that someone he cares for cares about him and his condition. If the prisoner or castaway loses the conviction that this essential human cares about what is happening to him, he well begin to lose touch with reality, his needs will be more and more unfulfilled, and he may die or become insane.

A graphic example in which two people sustained each other through severe hardship followed a recent airplane crash in the snowy wilds of northern Canada. A young woman and an experienced pilot lived forty-nine days without food before they were rescued. Not only were they in remarkably good physical condition but they did not even describe their total experience as horrible. Both said that they sustained each other and had faith in ultimate rescue. Although they were involved with each other through the circumstances, both were also involved enough with others so that they did not give up. They survived by not losing touch with reality and fulfilling their needs as well as they could.

The basic needs

Now that we have seen that an involvement with someone you care for and who you are convinced cares for you is the key to fulfilling the basic needs, we can proceed to a discussion of the needs themselves. For therapy we recognize to basic needs which cause suffering unless they are fulfilling. The two basic psychological needs are the need to love and be loved and the need to feel that we are worthwhile to ourselves and to others. Helping patients fulfill these two needs is the basis of Reality Therapy. Also we have the same needs but we vary in our ability to full fill them.

First is the need to loved. In all its forms, ranging from friendship through mother love, family love and conjugal love, this need drives us to continuous activity in search of satisfaction. From birth to old age we need to love and be loved. Through out our lives our health and our happiness will depend upon our ability to do so.

To either love or to allow ourselves to be loved is not enough, we must do both. When we cannot satisfy our total need for love, we will without fail suffer and react with many familiar psychological symptoms, from mild discomfort through anxiety and depression to complete withdrawal from the world around us.

Equal in importance to the need for love is the need to feel that we are worthwhile both to ourselves and to others. Although the two needs are separate, a person who loves and is loved will usually feel that he is worthwhile person, and one who is worthwhile usually someone who is loved and who can give love in return.

When we are unable to fulfill one or both of our needs, we feel pain or discomfort in some form.

Responsibility

Responsibility, a concept basic to reality therapy, is here defined as the ability to fulfill one's needs, and to do so in a way that does not deprive others of the ability to fulfill this needs. A responsible

person also does that which gives him a feeling of self-worth and a feeling that he is worthwhile to others. When a responsible man says that he will perform a job for us, he will try to accomplish what as asked, both for us and so that he may gain a measure of self worth for himself.

Therapy is a special kind of teaching or training which attempts to accomplish in a relatively short, intense period what should have been established during normal growing up. The more irresponsible the person, the more he has to learn about acceptable realistic behaviour in orders to fulfill his needs.

Thus Reality Therapy is not something which should be the exclusive preoccupation or 'Property' of a few highly trained specialists. It is the appropriate, indeed the necessary, concern of everyone, for its prospect and principle are the foundation of successful, satisfying social life everywhere.

Although implied by and embedded in Reality Therapy as a whole there is a way of thinking about the question of what is and what is not 'realistic' which can and perhaps should be made more explicit.

To summarize, Reality Therapy is different way to work with people. The requirements of Reality Therapy an intense personal involvement, facing reality and rejecting irresponsible behavior, and learning better ways to behave fear little resemblance to convention therapy and produce markedly different results.

CHAPTER 12

MILLER'S MOTIVATIONAL THERAPY

"What lies behind us and what lies before us are tiny

Matters compared to what lies within us".

Ralph Waleo Emerson.

Motivational interviewing is a special kind of approach to help the clients. Motivation refers to a person's readiness to change. In this therapy, we help clients to reach a decision to change. This method is developed by Miller in 1989. It has five important aspects such as, the atmosphere of change, what motivates the person to change, brief intervention, the ambivalence and the principles of motivational interviewing.

The atmosphere of change: is about the things that could lead to the creation of suitable, conducive atmosphere to begin the process of change. Here we have to take into consideration the following factors.

a. Specifying of the non- specific factors: It means that the therapist must be able to keenly observe the factors, which are not clearly seen by the client and clarify those aspects to the client and to himself. For example, an alcoholic may be denying the fact that his health or economic condition is affected through alcoholism. Here again the therapist must evaluate oneself and, one's way or style of

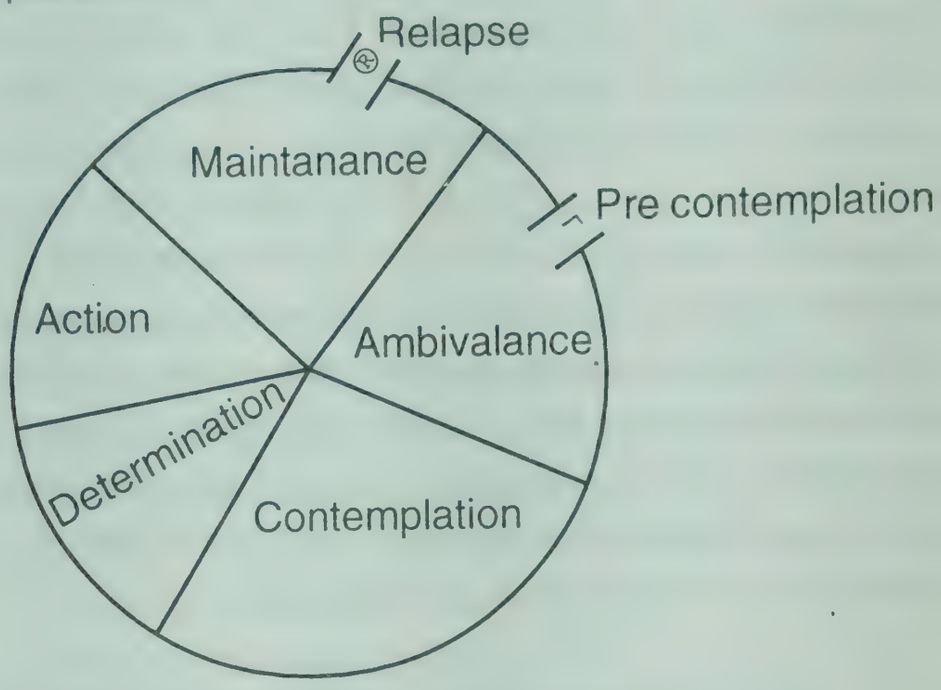
interaction with the client. These factors could determine either good or bad outcome. These are called non-specific factors or mysterious factors. But, they have a direct influence in motivating a client. Sometimes, the way a counsellor asks questions to convince the addict that he is an alcoholic, could be ending up in arguments and offence. Hence the outcome of there therapy depends on this factor very much.

b. The critical conditions for change: consists of the gists of different therapies, both directive and also non-directive type. Miller has preferred, Rogerian client centered therapy approach. They are mainly empathy, unconditional positive regard and congruence or genuineness. Out of these three, the emphasis is on accurate empathy. The success or failure of the therapy depends on these factors.

c. Confirmation: is used to deal with denial defense in an addict. But reflective listening is good to probe certain disowned areas of the problem. For example, when a client tells that his personality is not affected due to drug addiction, show him that his telling and acting are exactly opposed to how he really feels and thinks. Though he is asserting that he is all right, symptoms show that he is not. This type of confrontations brings change in the attitude of the client. Direct challenging will have adverse effects in any behavioural, addictive problems. Rationalisation is there in any client who has problems. Even the normal people have these characteristics at certain points in their life. Confrontation could be a goal, but not a style of functioning in a therapy. The therapist should keep in mind that the client is not an enemy to him, but he is a person with a lot of good potentials.

2. What motivates change: It is a state of mind to have a will to do something about oneself to change. It is the presence of mind to go through a wheel of change. Wheel of change is developed by Prochaska and others. The following picture will explain the stages through which a person passes before change can occur. A therapist has to understand and wait patiently. Miller says that a client has to go round and round several times during the counselling sessions

before he decides to change. The following five components are drawn into a wheel process.



Wheel of change

In the Pre-contemplation stage, the client does not know that he has a problem. Hence we need to give them education to create insight about the problem.

In the contemplation stage, they are willing to change but there is a lot of ambivalence. They want to change but there is a dialogue going in the mind and hence do not want to start yet. Here the therapist has to help to bring him into an evaluatory process of weighing the plus and minus aspects of his behaviour.

Determination to change leads to taking up specific course of action in addiction, to go for treatment, to visit an Alcoholics Anonymous group etc. Here again the therapist has to help in choosing an appropriate, accessible and acceptable strategy for change. Teen-agers may have to be guided specifically on what course to be taken, such as going to a prayer group or getting admitted etc. Stage five is the maintenance stage. Any client needs support and guidance to implement action for the state of maintaining sobriety. We have to teach them the signs and symptoms of relapse. A new life style has to be taught. He has to be reminded of the

disease or obsessive compulsive part of addiction. A new set of friends, values and character has to be achieved. There is no instantaneous conversion, but the client has to take the full responsibility to work hard on his recovery. Here the person could come out of the wheel and remain a changed person. Depending on the situation, he may go back to relapse and then continue to choose a specific strategy for change. As therapists we could give instruction and education to the addicts and youth, give feed back to the clients, giving suggestions for a better life style or a better education and future. Help him to find out the triggering factors that lead to addiction or stealing, so that barriers are broken. Providing alternatives in to handling the specific problem will be of use to the client. Provide guidance to find an A.A or N.A group.

3. Brief intervention: Certain frames could be used in helping the client through intervention such as giving advice, removing barriers, providing choice, giving feed back, practicing empathy, clarifying goals and active helping.

4. Ambivalence: The dilemma of change is experienced by the client. It is the core of the motivational therapy. Here lies the heart of the problem. Whenever a client approaches for counselling, there is already a certain amount of willingness to change. Yet, he may not be fully convinced of the need for change. Old patterns are more powerful than newly learned techniques. He wants to get out of the compulsive stealing, drinking or sexual problems but finds it difficult to live without it. There is a strong psychic dependence like to a friend, to his particular old behaviour pattern. He wants a good relation-ship and acceptance by the society, but cannot decide to say good-bye to old ways of life. To help any client in such a situation, an approach called FRAMES could be used.

A	Feed back	F
B	Responsibility	R

C	Advice	A
D	Menu	M
E	Empathy	E
F	Self-efficacy	S

In a feed back, we could give reassurance to the client that ambivalence is a common dilemma experienced in any change. Giving the idea of taking one day at a time, responsibility could be given to the client to handle temptations of going away from a decision change. Through advice, the therapist could provide alternatives by providing a menu, and the client could select options. This is very challenging to keep away from strategies and decide to change old ways and patterns. The Counsellor has to continue empathy with correct expressions and reflective listening. This gives and equality feeling to the client. Concentrate more on his potentials to help himself than in the negative aspects and failure spots. This will encourage him to build up commitment and reach up to the decision to change.

5. Principles of motivational interviewing: are the following such as express empathy, develop discrepancy, avoid argumentation, roll with resistance and support of self efficacy

a) Express empathy: The attitude under lying the principle of empathy is called "acceptance". Through skilful reflective thinking and listening therapists understand the clients feeling and perspectives. Acceptance is not the same as agreement or approval. Such a therapist responds from the client's frame of reference.

b) Develop discrepancy: Through confronting, create and amplify, in the client's mind, a discrepancy between the present behaviour and broader goals. Miller described this as creating 'cognitive distance'; this is discrepancy between where one is and where one wants to be.

c) Avoid argumentation: It is to increase awareness of problems and the need to do something about them that is created through confrontation. When we directly confront, clients use freedom to do what they please. To prevent this defensiveness from the client, and also to avoid resistance make sure that you don't use diagnostic label such as 'alcoholic'

d) Roll with resistance: It is not combat. It is not about winning and losing, but to help a client to make a decision, that the therapist pretends to be passive. Hence the Counsellor does not impose new views or goals. The Therapist need not look for solutions but rather turn the problems back to the client. Rolling with resistance then includes involving the client actively in the process of problem solving.

e) Support of self-efficacy: self-efficacy refers to a person's belief in his ability to carry out and succeed with a specific task. It is a key element in motivation for change. The Counsellor has to predict the treatment outcome by creating hope. Hope and faith are important elements of change. Self-efficacy can be influenced by general self-esteem. We can build self – confidence in the client. Even when A.A insists on personal powerlessness, they insist on the person's own power to change, The over all message is "You can do it and you will succeed".

CHAPTER 13

BEHAVIOUR THERAPY

Behaviorism is major force in psychotherapy and education today. It originated in the 1950s and early 1960s as a radical departure from the dominant psychoanalytic approach. It developed by applying the principles of classical and operant conditioning to the treatment of a variety of problem behaviours. Behaviour therapy could be defined as "the application of basic research and theory from behaviour therapy experimental psychology to influence behaviour for purpose of resolving personal and social problems and enhancing human functioning" (kazdin, 1978)

The pioneers of behaviorism were Joseph Wolpe, Arnold Lazarus,Hans Eysenk,B.F. Skinner, Donald Miller and Albert Bandhura. They developed the classical conditioning method of the Russian scientist Ivan Pavlov. Wolpe developed the technique of systematic desensitisation based on classical conditioning. Skinner tried to control and modified human behaviour by the application of the principles of operant conditioning. The modern behaviorism is not simply based on learning theory principles (although it used to be identified with learning theory especially by the introduction of positive and negative rein-forcers in behaviour). Contemporary behaviour therapy encompasses a variety of conceptualization, research methods and treatment procedures to explain and change behaviour, as well as considerable debate about the evidence of efficacy.

Key Concepts.

The basic assumption of behaviour therapy is this: human person is the producer and the product of his or her environment. Behaviorism is very much action oriented. The clients are being help to take specific actions to change their life rather than introspect to find out the why of their problem. People have the capacity to improve their life(and naturally through changing their behaviour positively) by altering one or more of the various factors influencing their behaviour. It uses strictly scientific methods, which can be measured and monitored through strict scientific means.

Basic characteristics of Behaviour Therapy.

There are certain salient characteristics, which clearly remark behaviourism from other therapies. The main ones are:

(1) Behaviour therapies are based on experimentally derived principles of learning that are systematically applied to help people change maladaptive behaviours

(2) These therapies focus on the client's current problems and factors influencing them, as opposed to their historical determinants

(3) They emphasize overt behaviour change as the main criteria for evaluation of the success of the treatment although cognitive processes are not excluded.

(4) They specify treatment goals in concrete and objective terms

(5) Behaviour concepts and procedures are stated explicitly, tested empirically and revised continually.

(6) There is an emphasis on teaching clients skills of self management which are not to be translated into actions by the clients themselves.

(7) And finally behaviour procedures are tailored to fit the unique needs of each patient. Behaviour Therapy Process

The basic assumption of behaviour therapy is that learning can ameliorate problem behaviour since any problem is a learned behaviour in the wrong way. The client usually formulates the goals, which are specifically defined at the outset of the therapeutic process. Continual assessment throughout the therapy determines the degree to which these goals are being set. Assessment and treatment occur together. It happens through a series of steps.

The six steps Process

The very first step is the identification of behaviours that are considered as maladaptive or problematic. The second steps consists of determining the clients assets and strengths. The third step is to put the information gathered into the context in which the problem behaviour occur. The fourth step involves setting up a strategy to measure each of the identified problems. The fifth step is to find out clients potential reinforces that can provide motivation for treatment and maintenance of changes in the client even after the treatment. And the sixth and final step formulation of treatment goals, the exploration of the possibility of alternative behaviour. The therapist's task is to apply principles of human learning to facilitate the replacement of maladaptive behaviours with more adaptive ones.

The Misconceptions about behaviour Therapy

There are several misconceptions about the goal of behaviour therapy. The main accusation is that behaviour therapy's goal is simply to remove the symptoms of a problem and that once the symptom of a specific behaviour is removed some other symptom will evolve. Another misconception is that the clients goals are determined and imposed by the therapist. But these accusations are not valid. For the focus of therapy is on factors influencing current behaviour and what can be done to change that behaviour. Usually symptom substitution does not occur. The therapy is a joint process in which the counsellor and the client discuss the behaviour

associated with goals, the circumstances of change, the nature of sub-goals, and a plan of action to work toward these goals.

A general critique that behaviour therapy does not respect the freedom of the individual is not true. Relieving people of behaviour that interfere with effective living is constant with democratic value that the individuals should be free to pursue their own goals as long as these goals are consistent with the general social good.

The Techniques of Behaviour Therapy.

Behaviour therapists have developed a variety of techniques which are appropriate for the behaviour change of their clients. Here we are only considering the main six techniques very commonly used in behaviour therapy today.

Relaxation Therapy

Relaxation is a behaviour therapy technique, where the clients are taught to keep their mind and body calm. Behaviour therapy is based on the principles of learning theory- in particular operant and classical conditioning.

Relaxation is very useful type of behaviour modification. This kind of therapy is a recommended to clients who are a particularly anxious nervous. It is based on the fact that if the body and breathing are relaxed, it is impossible to feel anxious. The mind rejects the paradox of a relaxed body and tensed mind. Working with this fact, some techniques evolved to counter anxiety which relaxation.

Relaxation produces physiological effects that are opposite to those of anxiety-that is, slow heart rate, increased peripheral blood slow and neuro-muscular stability.

Mental imagery is a relaxation method in which patients are instructed to imagine themselves in a place associated with pleasant relaxed memories. Such images allow the patients to enter a relaxed state or experience.

Most methods of achieving relaxation are based on a method called progressive relaxation. The therapist vocally guides a person through a progressive tensing and relaxing of the various body parts. The relaxing can start with the toes, work up, or with the scalp and work down.

A variety of relaxation methods have been developed, although some, such as yoga, zen have been known for centuries. Here I would like to explain about Jacobson's progressive Muscle Relaxation Therapy.

In this therapy we are giving tension and relaxation to the muscles of the body. While we are giving this exercise to the muscles of the body it produce alpha waves in the brain. The alpha waves reduce the tension and it gives relaxation. While we do this therapy there should be

1.A quiet environment
2.A comfortable position

Other Criteria's

1. The person should concentrate fully on what he is doing without allowing any other thought to interrupt.

2. He should not fall asleep.

3. Tight clothes should not be worn during relaxation.

4. Concentration should be only on-that part of the body which is engaged is tensing and relaxing.

5. Breath normally while doing the therapy .Between each exercise take deep breath .

6. The order of the exercises should not be changed.

7. Do it as slowly as possible, avoided jerks.

Lie down on your back with palms facing upwards, as comfortable as possible .close your eyes. Now chase away all thoughts and try to concentrate completely on what you are going to do. So that you can feel the difference between tension and relaxation and enjoy the comfort of being relaxed.

EXERCISES

1. Tightly clutch your right fist as much as you can. Feel the tension. Feel how uncomfortable it is when you are tensed. Now slowly relax your fingers. Relax them completely and feel the difference. Feel comfortable it is when you are relaxed. Enjoy the feeling of being relaxed. Take deep breath.

2. Repeat the same procedure with the left fist.

3. Do the same with both fists.

4. Clench both fists, touch your shoulders which fists, Relax.

5. Raise your shoulders upwards as much as you can, then relax.

6. Press your head to the bed as much as you can, then relax.

7. Raise your eyebrows with your eyes closed. Then slowly relax.

8. Shrink your eyelids harder, then relax.

9. Press your upper lip to your lower lip, then relax.

10. Clench your teeth as hard as possible (press your upper teeth to your lower teeth) then relax.

11. Press the upper part (roof) of the mouth with your tongue (the whole tongue and not just the tip of the tongue) then relax.

12. Hold your breath in your chest, then relax.

13. Push your stomach as far inward as possible, relax.

14. Push your stomach as far outward as possible, then relax.

15. Keep your head, arms, legs and feet on the around and raise your back of the waist upward, then relax.

16. Fold the finger's of the leg outward as much as you can, then relax.

17. Fold the finger's of the leg inward as much as you can, then relax.

Now without opening your eyes slowly take a deep breath and holdout for few seconds, then slowly breathe out. Do it 5 times. then breathe normally. Now you feel right from head and toe, each part of your body is relaxed and is as light as a feather. Likewise your mind is also calm and comfortable. Enjoy the comfort of being relaxed.

1. Systematic Desensitization

This is technique based on the principle of classical conditioning. This is used primarily for anxiety and avoidance reactions. after creating a hierarchy of anxiety producing situations, the anxiety producing stimuli are repeatedly paired with relaxation training until the connection between these stimuli and responses of anxiety is eliminated.

Systematic Desensitization is an appropriate technique for treating phobias, nightmares, anorexia nervosa, obsessions, compulsions, stuttering and depression.

2. Modeling Methods

This is a process by which the behaviour of an individual or a group (the model) acts as a stimulus for similar thoughts, attitudes and behaviour on the part of the observes. The clients can learn to

perform desired acts themselves without trial-error learning. The model may be a live model, symbolic model (a film or a video or a video) or even a multiple models in effecting the desired behaviour change. The commonly used technique of role play is actually modeling. In clinical setting, modeling is effectively used for treating snake phobia, fears of children facing surgery, to teach new skills for socially disturbed children, teaching new skills of interpersonal relationships to psychotics and addicts undergoing processes.

3. Assertion Training

In training especially children to improve their social skills, Assertion Training is used widely today. It is based on the principle that people have the right to express their feelings thoughts beliefs and attitudes. Assertion does not mean aggression nor insensitivity to the feelings of others.. People who are not assertive have negative thinking about themselves and slowly they go into a passivity. Assertion Training programs challenge people's beliefs that accompany their lack of assertiveness and teach them to make constructive self-statements and to adopt a new set of beliefs that will result in assertive training,

This is the best technique for people with problems in inter personal relationship, inferiority complexes of any sort and people who are tempted to withdraw from society to themselves due to their negative thinking style and low self esteem.

4. Self-Management Programs.

The basic idea of self management programs is that change be brought about by teaching people to use coping skills in problematic situations. Generalization and maintenance of the outcomes are enhanced by encouraging clients to accept the responsibility for carrying out these strategies in daily life. It consists of the steps of selection of goals, Translating goals into target behaviours. Self monitoring and working out a plan for change, self-reinforcement, self-contracting and evaluation of the plan for change

are needed in self management programs. This technique is used effectively in controlling smoking, problem drinking, drug-addiction, learning to study effectively with time management, managing obesity and overeating.

5. Multi-Model Therapy.

This is a technique developed by Lazarus.. It is a comprehensive, systematic, holistic approach to behaviour modification. Lazarus gives the technique of the BASIC ID The seven areas of the functioning of a person are B=Behaviour, A=Affective response, S=Sensations, I=Images, C=Congnition I=Inter-personal relationships, and D=Drugs, biological functions, nutrition and exercises. A complete assessment of these seven areas are made and the interaction between these seven modalities are found out. The treatment strategies are designed after this evaluation. The therapist may teach, coach, train model and direct their clients as they need to be done in changing the behaviour. This is scientific eclecticism and according to Lazarus, it should have three qualities breadth, depth and specificity.

Limitations of Behaviour Therapy

One of the serious Limitation of behaviour therapy is the lack of sensitivity to the role of the feelings of the client. In their attempt to solve the problems of the client they ignore the need of listening to the client with empathy positive regard and genuineness respect and immediacy.. It also ignores the important relational factors in therapy which is needed for any change in the person. It is stressing more the techniques of the behaviour change. It would have been much more effective, if it were to provide also some deep insights into the person, and his thinking mode. Too much control and manipulation by the therapist in his attempt to get a behaviour changed at the expense of the manipulation by the therapist in his attempt to get a behaviour changed at the expense of the very freedom of the individual also seems to be a great limitation of this system

Conclusion.

Behaviour therapy tends to be short-term, to be effective, and to rely on the client to specify the particular focus of the therapy. If the therapist were to educate the client about the therapeutic process and the specific procedures to be used, then the client would have a good chance of knowing what to expect and best to participate in the therapy process.. Its specificity, task orientation, focus on objectivity, focus on cognition and behaviour and problem solving orientation are indeed very commendable.. Its practical and short term therapy techniques may appeal to some clients than a lengthy introspective therapy model. Any how, in practice among the clinicians the various techniques developed by behaviour therapy is much more used than any other form of psychotherapy.

PART III
SPIRITUAL EXISTENTIALTHERAPIES

SPIRITUAL EXISTENTIAL THERAPIES

Spiritual Existential Therapies

Introduction

Broadening our vision beyond our self-serving needs and acknowledging the importance of others in our loves not only lifts their spirits, but also foster positive feelings within us. When we nourish some one else, our personal happiness grows. What are given to others will be given to us in time. In order to be in peace, we must behave peacefully with others and give them love willingly and unconditionally. Remember "we reap that which we grow". We need not have anxiety and fear in giving to others as God is always with us and His spirit is within us.

When we realize our value and see that life's mysteries have reasons, we will no longer doubt ourselves and we will be free to love and understand another's value too. A holistic approach is indeed a great help to have a proper vision of life. Teilhard de Chardin said "either see or we perish". This part three helps us to have proper vision for better integration.

CHAPTER 14

PASTORAL COUNSELLING AND CRISIS INTERVENTION

"Almost anything you do will be insignificant,

but it is very important that you do it".

Mahatma Gandhi

A counselling psychologist assumes that it is people who need help through counselling - not problems. Not until recently, has there been a real emphasis on professional preparation for clergymen and religious personnel to do psychological counselling. Since we are handling clients with moral and spiritual problems both secular and religious counsellors must come to grip with specialised concerns, As Wrenn says religion and psychology complement each other. "Psychology contributes to an understanding of the nature of self and on one's relationships with others, religion to an understanding of the meaning and purpose in life and the significance of these same relationships". Both will contribute to more effective living. Jung's attitude towards religion was that the client's present belief system should be used in such a way that it would hasten his recovery of healthy attitudes. He advocated finding 'God within' experience as part of the individuation process.

Clients often confront the counsellor with their problems such as resolving value conflicts, handling guilt, meeting crisis, overcoming deep seated anxieties, feeling worthwhile and relating to something significant. Many clients ask the pastoral counsellor how can they meet the vicissitudes and meaninglessness of life. Clients expect the counsellor to relieve them of basic anxieties such as fear of non-being or death. The therapist should note that his role is to make positive suggestions to the client concerning where he might find "answers".

Crisis in life situations

All have "problems" in growing up. When these are solved successively and successfully, person grows. But when the problems are threatening, too difficult for them to resolve, they develop defenses, which inhibit or distort their creative potentials. Considering the foregoing viewpoint, there are several reasons why the Pastoral counsellor should have a broad knowledge of the psychotherapeutic skills and techniques.

Although a greater part of this chapter pertains to working with adults, one could modify and use them while working with children. While working with clients one should frequently assess whether the problems are typical of his age and experience or they are the carried unresolved mastery problems of the past into the present. Many individuals are better able to understand and resolve their present problems of crisis by working back through the life experiences of major frustrating issues, which blocked or distorted their growth.

This chapter is based upon the belief that the ultimate goals of scientific psychotherapy and counselling are for betterment, fulfilment and happiness. Through proper use and Pastoral approach in counselling therapies, Psycho-spiritual maturity and health can be reached, It is necessary for the Pastors, Psychotherapists and social workers to avail themselves of all the techniques and knowledge currently available in order to help many marginally adjusted individuals.

Pastoral counselling and crisis intervention

Priests, Pastors and Ministers, play an important role in the resolution of crisis. The clergy are shouldering a large portion of the village and city counselling activities. In the community Mental Health Centres, Clergymen do much caretaker's work. They are good at intervening any crisis situation in a family or community. The following situations could be handled effectively by pastors or sisters in our society.

A. Health problems

1. General disability.
2. Cancer
3. AIDS
4. Surgery
5. Accidents
6. Burn injuries
7. Birth defects
8. Pregnancy, Infertility, Abortion
9. Alcoholism and Drug Abuse

B. Un expected death

1. Death of loved ones
2. Homicide
3. Suicide

C. Crime

1. Domestic violence

2. Sexual assault
3. Child abuse
4. Child sexual abuse, Rape

D. Disasters

1. Tornado
2. Fire, Flood
3. Air line Crash
4. Nuclear War
5. Toxic Waste
6. Prisoners of War
7. Invasion

E. Family and economic factors

1. Inflation, unemployment
2. Separation, divorce
3. Migration

Priests vary widely in their interests, skills and attitudes. Pastoral Counselling has developed much since 1951 because of Atnon Boisen. Survey data indicate that the clergy view counselling not only as an important ministerial function, but one, which consumes a considerable amount of time. Through supervised field placement or Hospital based Chaplain training programmes, and regular courses in the seminaries, Pastoral Counselling could be taught to pastors and sisters. Ministers or sister's role is always communal, involving a group. Hence crisis intervention is easier for them. Most

parishioners in crisis will contact their Pastors before they will seek out other mental health professionals. It is usually because the clergy are the natural interveners, such as family and friends. Secondly Ministers are expected to go where the people are. Which means they take initiative in reaching out to those in crisis at the grass root level. Thirdly major transitions and developmental stages are always accompanied by pastors, as there are rituals prayers and other ceremonies attached to these events. For example, just think of a funeral ceremony. If a pastor could emphasise the reality of the loss of a loved one and the appropriateness of mourning, much of grief and emotions could be released in a healthy way. Because of a Pastor's constant contact with the families, crisis resolution is possible through regular follow up.

By virtue of their congregational contact, ministers can mobilise net working of social supporters to help individuals and families in crisis. Sometimes people in crisis may need basic needs such as food and clothing or support from school, which could be provided by the Pastor with the help of Church members. The Pastor could visit persons in crisis and give them a sense of belongingness and heal their loneliness and isolations. In a crisis state there is always feelings of anxiety, helplessness accompanied by depression and feelings of worthlessness. Here the clergy or Pastor could symbolically act as God's representative to instil faith and hope. By virtue of their theological education the pastor or sister could uniquely prepare the client, with their religious beliefs, to accept a difficult crisis peacefully.

Many times as Clinebell says, for the Parishioners in crisis, the "Minister symbolises the dimension of ultimate meaning" in life.

Certainly there are varied religious tradition in our Country. Hence the mental health professional who helps the clients should be aware of these differences in belief and include Pastors, Ministers, Sisters, and Rabbies, in crisis counselling. Like in any other crisis counselling Pastoral interventions also need the following process.

a. Achieve contact with the client

b. Boil down the problem to its essentials and

c. Cope actively through an inventory of the client's available resources.

The goal of any crisis counselling is to regain the emotional health at least to their prior level of functioning and if possible to grow to higher levels. The first task is to determine whether there is a real crisis situation. The three questions to be asked are:

1. Has there been a recent onset of trouble some feeling or behaviour.

2. Have they tended to grow progressively worse?

3. Can the time of the onset be linked with some external event?

If the answers are positive, there is some crisis. Now let us go into the details of crisis counselling designed by Waren L. Jones.

a. achieving Contact. There has to be therapeutic contact with empathy and with more attending listening skills. Allow the person to have catharsis by speaking out the problem and expressing of feelings related with it.

b. Boiling down the problems to the Essentials. This is done by focusing and responding. Read the content behind every feeling. We have to cut down precisely to the real event that is causing trouble to the client, than generalising the whole situation. We have to identify and clarify the precipitating factor and the real threat to the social role of the client. There may be factors which might prevent the person from coping with the stress.

c. Coping actively with the problem. This is done by five steps such as establishment of goals, inventory of resources, formulation

of alternatives, implementation of chosen alternatives and review and refinement.

Techniques in crisis counselling. Benjamin Rush gives eight different techniques of supportive counselling during crisis.

1. Gratifying the dependency level by being a good parent figure and doing mothering or fathering to the client.

2. Emotional Catharsis is allowed in an understanding relationship.

3. Objective review of a stress situation in an atmosphere of supportive relationship.

4. By building the personality positively, aid the ego defence.

5. Changing the environments and life situation of the client.

6. Action therapy: the person is led to some positive action than feeling hopelessness and self-pity.

7. Using religious resources such as prayer group, encounter group, devotional group, A. A group.

8. Follow up for at least a short period of time.

Now let us examine some of the several crisis situations in a family and what could be done to handle such a crisis.

A. Physical assault

1. Presenting problem and precipitating event are very important in treatment.

2. Content and pre-crisis functioning have to be assessed and evaluated.

3. Crisis profile could be, behavioural such as difficulty to fall asleep, to leave home alone etc.

It could be affective such as anxiety and feeling guilty. Again some victims of physical assault could have somatic symptoms such as headaches or several physical weaknesses. Interpersonal symptoms such as isolation and guilt inducing interaction could be seen. Cognitive functioning could be impaired like day and night dreams and negative self-statements. Treatment and management include physical exercise and dialogue to release the anger to the oppressor. By using cognitive therapies especially RET we could take away the irrational fear of the client. Again through behavioural and interpersonal therapy, we could make the client take decisions to change the old dependent behavioural pattern. Deep muscle relaxation therapy and mild tranquilliser could help in inducing sleep and controlling somatic symptoms.

Dealing with growth crisis: In most developmental crisis, whether an adolescent struggling to establish an identity separate from that of the parents, or fifty five year old man is worried about retirement, the turmoil of a person in crisis affects the members of the whole family.

Follow-up and evaluation: Usually crisis therapies could last from one to three months. However we have to do follow up after an year. Sometimes it could be only a precipitator. The Client may have to attend to his needs ad crisis events are not the real cause of presenting symptoms.

Suicide: Most of the time, it is chronically - mentally ill patients who may commit suicide. We have to identify high-risk groups to prevent suicide. The following categories are considered to be of high risk. First of all as Caplon puts it, most of the suicides are unpredictable but most of them are preventable also. Many studies done in the Kerala situation have shown that suicides are occurring among depression cases and schizophrenics. The former may be at

risk when they are going into depression or coming out of it. When depression is accompanied by delusions more suicides occur. Again when a client gets more energy by taking antidepressants if the moods are not altered, they get more strength to attempt suicide. Schizophrenics go into suicide, when they learn that they are diagnosed as schizophrenics. Again when they perceive that normal life, marriage, career, and social life are not possible for them, there is chain of attempting suicide. So a real education is needed for the client and his family regarding mental illness. Sometimes due to the influence of hallucinations, Schizophrenics may commit suicide.

B. Multimodel management of Crisis in Physical assault

Let us go through crisis event of a woman who is physically attacked by her alcoholic husband. Mary who was beaten up by her husband on a Saturday night after drinking developed a somatic problem of headache and several physical fatigues. Moreover she had an anxiety feeling always and fear of another attack ever since this violence happened at home. She was sad most of the time. She refused to ask help from her parental home or relatives. She had severe feelings of guilt and shame. She also developed negative self – statements and had day and night dreams about the attack. She also showed behavioural problems such as getting angry without adequate reasons, inability in falling asleep and poor appetite.

As a therapist we can clearly see a real crisis profile in Mary after the assault such as (a) behavioural (b) Affective (c) Somatic (d) Interpersonal (e) Cognitive.

Crisis Resolution

Task	Objectives	Strategies
1. Physical Survival	Control head aches gradually Increase physical Strength	a) medication as needed b) Relaxation Therapy

			c) Changing in diet d) Exercise
2.	Expression of feelings	Express anger Toward	a) Gestalt therapy attacker, talk about fear b) Imagery therapy and guilt and shame c) Teach to manage anxiety
3.	Cognitive Mastery	Understand the Disease of alcoholism in terms Of its effects on Wife and child Ren. Adopt positive concepts to Cope up.	a) Disputation of inactive self-talk b) Guided talk on attack c) Dream work
4.	Behavioural and Interpersonal	Make trips Ask help from Friends. Learn To manage her Own life. Initiate social Contact. Discuss On addiction	a) Systematic desensitisation (in VIVO) b) Behavioural Rehearsed RET c) Education on co-dependency d) Assertive Therapy e) Reading and other social activities.

Biblio therapy

It is a very useful method of helping clients who are educated. Specially when you give counselling on value classification and existential crisis, this method could be applied. There are two types of bibilio- therapeutic literature. Fiction biography and inspirational literature, offer much in the way of varied expression of human experience. The other types are on mental hygiene, designed to give useful information to solve human problems and covers, practical principles and facts on adjustment problems. This method is much more time saving. Reading materials appropriate to the problems serve as device to start the client thinking about related features of his feelings. Another value for this method is that it stimulates thinking. The client runs across ideas, which may start him on a new track toward insight.

Another limitation in using a book is that people tend to rationalise their problems. Sometimes the client may think that reading is helping him to solve his problems, so he may not enter into a therapeutic relationship in counselling. Counsellor has to suggest reading than prescribe them. Discussion of the results of the client's readings is important. Smaller doses of reading are more helpful than larger amounts. Those of us who practice counselling have to understand the importance of a therapeutic relationship over reading any book. At the same time reflective reading helps us to transform our behaviour, attitudes, beliefs, and values and also it will help our clients to get better insight into his problems.

CHAPTER 15

SPIRITUAL THERAPY
THE TWELVE STEPS PROGRAMME

"Everybody thinks of changing humanity

and nobody thinks of changing himself"

Leo Tolstoy

Man wants to be free and happy but he finds himself in chains most of them of his own making. As R. Tagore says, innumerable and 'obstinate are the trammels'. Paul of Tarsus' cry' 'who will deliver me' is everybody's cry. The Vedic prayer: "Lead me, from darkness to light, from death to immortality" is the prayer of everyone and of all ages.

Addiction or strong dependency is at the root of most miseries. One could be addicted to alcohol or other drugs, like nicotine, caffeine, marijuana, and sleep aids. One could be addicted to behaviours like compulsive eating, gambling, working or achieving (need to keep busy or to accomplish things or excel at everything one does), sex, thrill-seeking (need to express intense stress or thrills), escape (to avoid the daily routines of life), spending (to buy or acquire), and the like. One could be enslaved to unhealthy relationship – compulsive behaviour, making one feel good in the short run but weakening in the long run.

There are many therapeutic approach to addiction but today by far the most effective and widely spread and inexpensive and practical is the spiritual approach as outlined in the Twelve Steps Programme as used by the Alcoholics Anonymous.

The term 'spiritual' defies definition but needs to be properly understood. In the first place, it is not the same as 'religious', which speaks more of rules and doctrines and authority; of worship and rewards and punishments. 'Spiritual' means 'other-than-material', a life not centred on the material. It involves a different way of seeing, one way of 'appearances'. Spirituality points to something beyond, beyond the ordinary, beyond possession and manipulation. Spiritual is whatever that is beyond the immediate sense perception or experience. Spiritual is whatever that reaches out to others with a decision to build up healthier relationship and to be of help. It is whatever that is transcending and related with meaningfulness. It puts us in touch with a higher power or being. In the words of B. Lonergan the spiritual is the 'experience of an unconditional and unrestricted being in love. But what we are in love with remains something that we have to find out'.

The spiritual puts us in touch with unconditional love, forgiveness, acceptance and the source of help. The spiritual makes us capable of saying "yes" to life, as the Serenity Prayer puts it: "God, grant me the serenity to accept the things I cannot change; the courage to change the things I can, and the wisdom to know the difference". This type of spirituality can take us to the heights of mysticism (whatever be one's religious affiliation), as in the case of Dag Hammarskjold whose attitude was: "For all that has been, Thanks. To all that shall be, Yes".

In the words of Dr. Siegal S. Bernie ('Love, Medicine and Miracles') "spirituality means acceptance of what is. Spirituality means the ability to find peace and happiness in an imperfect world and to feel that one's own personality is imperfect and acceptable. From the peaceful state of mind come both creativity and the ability to love

unselfishly, acceptance, faith, forgiveness and peace and love are the traits that define spirituality".

One of the false assumptions about spirituality is the belief that it involves perfection and that it is other – worldly. No, spirituality has to do with the reality of the here and now, with living humanly as one is, with the very real, very agonising passions of the soul. The core paradox of spirituality is the haunting sense of incompleteness, of being 'unfinished', of 'being on the way', that comes from the reality of living on earth as part and yet also not part of it. For to be human is to be incomplete, yet yearn for completion; it is to be uncertain, yet long for certainty; to be imperfect, yet long for perfection; to be broken, yet long for wholeness. It is only by coming to terms with errors and shortcomings and by accepting the inability to control every aspect of life that man finds peace and serenity that alcohol or other drugs, or sex, money, material possessions, power or privilege promise but can't deliver.

The search for spirituality is, first of all, a search for reality, for honesty, for true speaking and true thinking. The arch – foe of spirituality is 'denial', self – deception. Its foundation is the Delphic "know thyself". Spirituality's first step involves facing self squarely; "My name is.... and I am an alcoholic"! And speaking the truth, acknowledging one's helplessness, is prayer. And the first prayer is a scream, a cry for help: The Psalmist's cry is only just one example: "O god, come to my assistance" (Ps. 70).

The insight is constant: our helplessness, our 'darkness', our sins, our doubts, our longings are a thirst for 'God', for the spiritual of whatever might alleviate our pain, somehow will fill the empty hole in our being. We seek help for what we cannot face or accomplish alone; in seeking help we accept and admit our own powerlessness. And in this admission, in the acknowledgement that we are not in control, spirituality is born. Spirituality begins in suffering, in what is wrong with us, and in our powerlessness to face it. This is the Greek 'kenosis' or' emptying out', pointing to the need for surrender. It is hitting, the bottom, the realisation that by ourselves we are lost!

The word therapy also needs to be better understood. The term 'therapy' originated in Homeric Greece and it meant first of all spiritual healing. It is in modern times that 'healing' or making whole' became scientific attentive to 'measuring' demanding proof, and relying on technique. We come to spirituality and therapy when we are in pain, when we are broken. ' Making whole' is their goal, though their methods are different. Both are necessary but one is not the other. The therapeutic approach looks to origins, to push forces ('drives', shaping environment') that compel. Spirituality attends to directions, to the pull – forces of motives, which attract or draw forward. Spirituality speaks of 'ideals', of 'hope'. Therapy may free 'from' addiction; spirituality release 'for' life. Therapy's goal is happiness in the sense of 'feeling good', while spirituality's goal is 'being good', of finding healthy relationships with the out side reality.

The Twelve Steps Programme is thoroughly spiritual in every one of its steps. It is well established in the West thanks to the Alcoholics Anonymous. It is rapidly spreading all over the word, especially in the Soviet Union after the fall of the Berlin Wall. But, ironically, while what has most impressed the Russians is its spiritual dimension, there is in the West a move in some quarters to do away with God and the spiritual dimension. Their groups are named R.R., that is, Rational Recovery. They ignore the two essential dimensions of man, that is, the spiritual or transcendental and the communitarian.

Any approach which ignores any essential element in the total makeup of man is destined to disappear as the earliest experience of the Twelve Steps Programme shows. " During the past twelve months we have had quite a number who felt that, the fellowship, the helpful attitude towards others, the warming of the heart at social gatherings, was going to be sufficient to overcome the alcoholic obsession. Taking stock at the year's end, we find that this school of thought has few survivors, for the bottled heat treatment has persuaded them that we must find some sort of spiritual basis for living, else we die. A few who have worked ardently with other alcoholics on the philosophical, rather than the spiritual plane, now

say of themselves "we believed that Faith without works was dead, but we have now conclusively proved that work without Faith is dead also" (Bill W Writing in Jan 1940) Bill W. emphasised that 'what in the last analysis, really makes A.A tick is the spiritual angle".

The strength of the Twelve Steps Programme is that its vision of man is wholesome. It takes individual freedom and responsibility seriously; it admits personal limitations and failures and the need to make reparation. It reaches out to others in deep concern. Above all, it links man with a benevolent source of abundant power. It is realistic in the sense that it sees recovery as a process, needing constant alertness, and not as a once – and- forever event. In other words, it is very human and practical. It works.

As there is ample literature explaining the vision behind every one of the Twelve Steps and the whole process in detail it may be enough to mention here the Twelve Steps as practised by the Alcoholic Anonymous.

1. We admitted we were powerless over alcohol – that our lives had become unmanageable.

2. Came to believe that a power greater than ourselves could restore us to sanity.

3. Made a decision to turn our will and our lives over to the care of God, as we understood Him.

4. Made a searching and fearless moral inventory of ourselves.

5. Admitted to god, to ourselves, and to another human being the exact nature of our wrong.

6. Were entirely ready to have god remove all these defects of character.

7. Humbly asked him to remove our shortcomings.

8. Made a list of all persons we had harmed, and become willing to make amends to them all.

9. Made direct amends to such people wherever possible, except when to do so would injure them or others .

10. Continued to make personal inventory and when we were wrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God" as we understood Him", praying only for knowledge of His will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these steps, we tried to carry, this message to alcoholics, and to practice these principles in all our affairs.

Many groups for healing have adapted and used the Twelve Steps Programme. A good examples is "Self – Parenting', for adult children of alcoholics. They formulate the Twelve Steps as follows:

1. Admitted our powerlessness to change our past that our lives had become unmanageable and became willing to surrender to our love and not to our fear.

2. Found hope in the belief that recovery is possible through faith and an acceptance of the fact that we are never really alone.

3. Learnt to let go of compulsive self-reliance by reaching out to our Higher Parent.

4. Made an honest assessment of our strengths and weaknesses and accepted the impact our childhood has had on us as adults.

5. Learned to share our self – parenting issues with others without self – recrimination or shame.

6. Became ready to change by giving up the demand to be perfect.

7. Learned to embrace our uniqueness and connectedness to others by a spirit of love and humility.

8. Learned self – forgiveness and made amends to our inner child.

9. Healed our inner child by realising the promises of self – parenting in our daily living.

10. Practised daily self-acceptance and learned to live in the present.

11. We allowed the divinity in us to shine forth by surrendering to our Higher Power.

12. Having had this spiritual awakening, we reached out to others in the spirit of giving, love and community.

The effective use of the Twelve Steps spiritual therapy by the adult children of alcoholics points to the unlimited scope of the programme.

The following four exercises are very therapeutic and strengthening. They are 'spiritual' in the sense mentioned earlier. The first three could be very appealing especially to those who experience the Higher Power as 'an unconditional and unrestricted being in love'.

1. Be relaxed..., sit erect and in a comfortable posture; keep the eyes gently closed... and hear (or believe) the Higher Power ('God') telling you lovingly and insistently: " You are my beloved; I

love you deeply and unconditionally". In this and the following exercise one may choose to emphasise one word or another – every word being absolutely important. After many practices one or another word may drop out and the formula may become shorter. This and the following exercise may be practised for a short time (say, five minutes) or a longer time (say, half an hour to one hour). Daily and repeated practice will yield a remarkable sense of being connected, and a sense of security and peace.

2. The second exercise is:(sitting a relaxed position as in Eg.1) go on saying like a 'mantra' the words "I am a child of God, loving and compassionate" – the word loving and compassionate referring to oneself. This is one of the effective ways to own up and promote a sense of the spiritual, the 'divine' in us. Resist the temptation to deny these traits in you. These may be extremely small at present but they will grow with the repeated practice of the exercise.

3. Man is the only animal who is concerned about his death. The thought of death could be paralysing or beneficent. The great Greek diagnose considered the awareness of one's death as the source of wisdom. The prescription he gave to all, those who sought wisdom was: "O man, in everything remember your end!" The following exercise will make one wise so that one's life may be organised properly.

This exercise may be performed in several sessions of about an hour each, In the first phase: imagine that you are visiting your doctor... and he tells you gently.. that you have only three more days to live. Become aware of your feelings on hearing this.... leaving the doctor's office you are on your way home (or to your community); see the traffic, the trees, buildings... become aware of your feelings.. Do you communicate this news to anyone? To whom...? Make your plan for spending the next three days ... Imagine your spending an hour with your God towards the end of the third day... How does it go...?

In the second phase see yourself dead and in the coffin.. exposed to public view... See the people coming and going.. watch their reactions... some are sad .. some indifferent .. and some relieved or even happy... Then take part in your own funeral rites...; finally, the burial.

In the third phase watch the changes your body undergoes as days ..and weeks go by... See what remains of your body after, say, three months.... six months .... one year... five years..... twenty five years... fifty years... Then imagine that you visit your house (community) after, say, seventy- five years or a hundred years. Does anyone recognise you...? Where are your cherished possessions....? Any proof that you ever lived on earth ....? (This exercise, may at first, look very disgusting to some. But the fruit of practicing it a few times is deep peace and serenity, and the ability to live meaningfully and enjoyably.)

4. Blaise Pascal said: "All men's miseries derive from not being able to sit quiet in a room alone". Here is an antidote to tensions and compulsions an miseries. Sit relaxed and with eyes closed.... Then go on listening to all the sounds you can hear – sounds from far or near, gentle or harsh – sounds just as they are. Do nothing but listen, that is, don't think, thank, or analyse. This exercise may be done for short periods, like two to three minutes or longer periods, like half an hour to one hour. Practiced regularly, the outcome will be peace and relaxation, and increased concentration and receptivity.

CHAPTER 16

LOGOTHERAPY

"To be alive is power,

Existing in itself,

Without a further function,

Omnipotence enough.:"

F. Dickinson

He who has a why to live for can bear

With almost any how

Nietzsche.

Every age has its own neuroses; every age needs its own psychotherapies to cope with them. 'necessity is the mother of invention. ' For a long times the three pillars of psychotherapy, Freud, Alder and Jung seemed to offer adequate explanations of neuroses and their cure. Feud found the root of the distressing disorders in the anxiety caused by conflicting and unconscious motives. If Freud stressed the frustrations in sexual life and accentuated man's will to pleasure as the most primitive drive Adler's stress was on man's

will - to - power, and Jung's on man's subconscious and unconscious motives. Viktor Frankl, however, distinguishes several forms of neuroses, and traces some of them to the failure of the patient to find meaning and a sense of responsibility in life. Frankl stresses the frustration in the will to meaning. Frankl's technique is a form of existential analysis known as logotherapy that is spreading fast, specially in Europe.

Logotherapy seems to be the most fitting answer to today's many problems. Today more and more persons are experiencing a sort of existential vacuum leading to a kind of nihilism, which finds no meaning in life. For many, man is nothing but the result of biological, psychological and sociological conditions or the product of heredity and environment. Such a view makes man into a robot, a being without freedom.

Into this world of gloom comes Frankl with his refreshing and holistic view of man as a free being. Man's freedom, of course, is restricted. He is not free form condition but always free to take a stand toward conditions. Man is not fully conditioned and determined but determines himself. Man does not just exist but decides what his existence will be, what he will become in the next moment. "Even though conditions such as lack of sleep, insufficient food and various mental stresses may suggest that the inmates were bound to react in certain ways, in the final analysis it becomes clear that the sort of person the prisoner becomes was the result of an inner decision, and not the result of camp influence alone. Fundamentally, therefore, any man can, even under such cirumstances, decide what shall become of him - mentally and spiritual. He may retain hin human dignity even in the prison camp." The essence of man is that he is unpredictable, that he can rise above all contitions transcend them. Ultimately man can transent himself. Man is a self-transcending being. Even more: "an incurably psychotic individual may lose his usefulness but yet retain.the dignity of human being".

Disagreeing with many popular psychologists and sociologists Frankl considers one's religious life not as conditioned by one's early childhood experiences, and one's God – concept by one's father image. Religion is not a product of mere 'psychodynamics' or unconscious motivating forces. "the son of a drunkard need not become, a drunkard himself; and in the same manner, a man may resist the detrimental influence of a dreadful father image and establish a sound relationship with god. Even the worst father image need not prevent one from establishing a good relationship with god; rather a deep religious life provides one with the resources needed to overcome the hatred of one's father. Conversely, a poor religious life need not in each case be due to developmental factors."

Defeated and exiled, Napoleon found life worth living. He considered suicide a most cowardly act. But today suicide is an alarmingly growing phenomenon, especially in the so-called advanced countries. It is understandable that the desperate conditions of the nazi concentration camps made most of the inmates contemplate suicide. What is hard to understand is modern man rushing to commit suicide even for the flimsiest of reasons, To such people logotherapy reaches out with the message that life is worth living that life is meaningful. What matters are not what happened but the stand one takes toward what happened. One can change, if necessary, one's course and decide what one wants to be.

Viktor Frankl is the father of logtherapy. A psychiatrist and a long-term prisoner in inhuman Nazi concentration camps, he found himself deprived of everything except bare existence. "We really had nothing now except our bare bodies – even minus hair; all we possessed, literally, was our naked existence". His entire family, father, mother, brother, and dear wife perished in the concentration camps. Only one sister survived. Every possession lost, every value destroyed, suffering from hunger, cold and torture, most prisoners, whose chance of survival was one to twenty, contemplated suicide. Frankl's insight into what helped the prisoners survive confirmed his belief in logotherapy. When a person realise he has 'nothing to

lose except his so ridiculously naked life' he experiences a cold detachment and curiosity about his fate. Then he may get the courage to endure hunger, humiliation, fear and deep anger against injustice by the memory of beloved persons, by religion, by a sense of grim humour, and even by flashes of beauties of nature.

But these supports are not enough for survival unless he finds some meaning in all his apparently meaningless suffering. Here is the central theme of existentialism: to live is to suffer, and to survive is to find meaning in the suffering. If there is a purpose in life at all, there must be a purpose in suffering and dying. Each must find out for himself the meaning of suffering; and if he succeeds he will survive and grow in spite of all indignities. As Nietzche said: " He who has a why to live can bear with almost any how". This is the refreshingly hopeful view of Frankl, of man's capacity to transcend even the worst of predicaments and make his life meaningful and worthwhile.

Logos in Greek means 'meaning'; it means also 'spirit'. Logotherapy aims at healing a man by helping him find the meaning, the purpose of his life, and making him commit to its realisation. Frankl considers man's search for meaning in life a primary force. This meaning is so unique and specific that it can be fulfilled only by him. Herein lies the inalienable value and role of every man. Man is able to live for and even to die for his ideals and values. It is not unlikely that some may be led by false values, in which case they need to be challenged. Nevertheless there is in man the desire to live a life as meaningful as possible. The meaning is not created by man; it is only discovered by him. The meaning, however, does not drive a man or force him. Man has the freedom to choose or reject moral values.

When man's will – to – meaning is frustrated he suffers what logtherapy calls 'existential frustration'. Existential frustration arises from conflicts between various values (not drives and instincts, as the Freudians would say). Existential frustration causes neuroses affecting the spiritual or the specifically human dimensions of man.

For example, though making a lot of money and being successful externally, the one engaged in any corrupt practice may feel acute dissatisfaction causing many physical symptoms. Since the cause is conflict between values, since it is a spiritual or human problem, the treatment is not psychotherapy but a change of profession in accordance with his moral values. 'A good conscience is the best pillow' as the Germans say.

Man's search for meaning is not without tension. Tension is part of healthy living. But once he finds out that there is meaning in his life he is able to endure even the worst of conditions. To repeat Nietzche: "He who has a why to live for can bear almost nay how".

Frankl's own experience and those of tens of thousands in concentration camps and war fronts and hospitals prove this. Frankl survived the terrible horrors of the Nazi concentration camps because he did want to write a new the manuscript (of his first book: 'The Doctor and the Soul: An Introduction to Logotherapy') which was confiscated at Auschwitz. Even when he fell ill with typhus fever he jotted down on scrapes of paper notes to help him rewrite the manuscript. As Frankl says: "I am sure that this reconstruction of my lost manuscript in the dark barracks of a Bavarian concentration camp assisted me in overcoming the danger of collapse."

From his own experience Frankl comes to the conclusion that for mental health what man needs is not tensionless state, nor discharge of sensations at any cost, but a certain degree of tension between 'what one has already achieved and what one still ought to achieve, the gap between what one is and what one should be. Healing takes place when we challenge a man to fulfil the meaning of his life. Individuals as well as societies need reorientation of their lives.

But the tragedy today is that too many of us find life meaningless. There seems to be nothing worth living for (and dying for). Having nothing worthwhile to fill the mind with, many are haunted

by the experience of inner emptiness, a void within, which may be called 'existential vacuum'. The breakdown of all healthy traditions and the slavery to consumerism aggravate the situation. Having no guidance or accepting none, modern man does not even know that he wants. He is tossed about by passing fashions and falls prey to conformism. The situation is aggravated, in some areas, by increased leisure time due to automation and, in others, by unemployment. With the breakdown of traditional family system the aged don't get the love and care of their dear ones. And the young ones don't get the love and care of their dear ones. And the young ones don't get the benefit of the wisdom and guidance of the aged. All this leads to increased crime rate, alcoholism and suicide. Some find compensation in the exercise of the will to power, including the will to make as much money as possible by any (often corrupt) means. Others are led by the will- to- pleasure, accounting for most sexual aberrations, Both the agents and the victims of all this flood psychiatric clinics.

Since the problems are complex affecting the totality of man, the answer too should be comprehensive and holistic. Psychotherapy alone is not enough as it does not address the typically human and spiritual nature of man. Effective therapy should help man make his life worth living, and this can be done only by helping him find a meaning for living. In this sense logotherapy must be a part of any psychotherapy. Hence Leslie D. Weatherhead's prediction that logotherapy will become as important and valuable as the technique of Freud himself. One would even say that Frankl goes beyond Freud and supplies what was lacking in Freud.

The Meaning of life

Nobody can nor should tell another what the meaning of life is. There is no meaning of life in general. Each should find out the specific meaning of his life at a given time. In this sense each has a specific vocation or mission in life in the carrying out of which he is irreplaceable.

Logotherapy goes even a step further and challenges man to find out what life asks of him. Man is questioned by life, challenged by life. And it is by responding to the challenges of life that man fulfils himself, finds the meaning of his life. Man's essence is in responsibleness to life. "What was really needed was a fundamental change in our attitude toward life. We had to learn ourselves and, furthermore, we had to teach despairing men, that it did not really matter what we expected from life, but rather what life expected from us. We needed to stop asking about the meaning of life, but instead to think of ourselves as those who were being questioned by life – daily and hourly. Our answer must consist, not in talk and meditation, but in right action and in right conduct. Life ultimately means taking the responsibility to find the right answer to its problems and to fulfil the tasks which it constantly sets for each individual.

"These tasks, and therefore the meaning of life, differ from man to man, and from moment to moment. No man and no destiny can be compared with any other man or any other destiny. No situation repeats itself, and each situation calls for a different response. Sometimes the situation in which a man finds himself may require of him to shape his own fate by action. At other times it is more advantages for him to make use of an opportunity for contemplation and to realise assets in this way. Sometimes man may be required simply to accept fate, to bear his cross. Every situation is distinguished by its uniqueness, and there is always only one right answer to the problem posed by the situation at hand. When a man finds that it is his destiny to suffer, he will have to accept his suffering as his task..".

The categorical imperative of logotherapy is:- "So live as if you were living already for the second time and as if you had acted the first time as wrongly as you are about to act now!" This stimulates the responsibleness of man by inviting him first to think that the present is past, and then, that the past may be changed. This forces man to face the finiteness as well as the finality of himself and his life.

It is the patient himself who has to find out to what or to whom he is responsible: to society? To his own conscience? To God? It is the role of the therapist to enlarge the field of the patient's vision of meaning and values. Logotherapy tries to liberate man from any from of enslaving self-centredness, because it believes that the real aim of human existence is not self – actualisation but selftranscendence. It is only to the extend that a man commits himself to the fulfilment of his life's meaning that he actualises himself. In other words, self-actualisation can be achieved only by self-transcendence. This is the eternal wisdom: he who saves himself will lose himself, and he who loses himself will save himself. A grain of wheat cannot be fruitful in plenty unless it falls into the mud and dies to itself.

Logotherapy believes that life never ceases to have a meaning." This infinite meaning of life includes suffering and dying, privation and death." The meaning of life may be found in three ways.

1. By doing something- something one has to do or/and one may like to do. It is the way of achievement or accomplishment. "I remember two would-be suicides... Both men had talked of their intention to commit suicide. Both used the typical argument-they had nothing more to expect from life. In both cases it was question of getting them to realise that life was still expecting something from them;...for the one it was his child whom he adored and who was waiting for him in a foreign country. For the other it was a series of scientific books, which still needed to be finished. His work could not be done by anyone else, any more than another person could ever take the place of the father in his child's affection. ...When the impossibility of replacing a person is realised, it allows the responsibility, which a man has for his existence and its continuance to appear in all its magnitude. A man who becomes conscious of the responsibility he bears toward a human being who affectionately waits for him, or to an unfinished task, will never be able to throw away his life."

2. By experiencing a value: such as natural beauty or works of art; and especially by experiencing someone, by experiencing love. Frankl recalls one of his own experiences on a particularly hard and long march, slipping on icy sports." We stumbled on in the darkness, over big stones and through large puddles. The accompanying guards kept shouting at us and driving us with the butts of their rifles. Anyone with very sore feet supported himself on his neighbour's arms....as we stumbled on for miles...each of us was thinking about his wife...my mind clung to my wife's image, imagining it with an uncanny acuteness; I heard her answer me, saw her smile, her frank and encouraging look. Real or not, her look was then more luminous than the sun, which was beginning to rise... A thought transfixed me... The truth that loves is the ultimate and highest goal to which a man can aspire. Then I grasped the meaning – of the greatest secret... The salvation of man is through love and in love. I understood how a man who has nothing left in this world still may – still know bliss, be it only for a brief moment, in the contemplation of his beloved. In a position of utter desolation. When a man cannot express himself in positive action, when his only achievement may consist in enduring sufferings in the right way – the honourable way in such a position man can, through loving contemplation of the image he carries of his beloved, achieve fulfilment.

"My mind still clung to the image of my wife. A thought crossed my mind: I didn't even know if she were still alive. I knew only one thing – which I have learned well by now: Love goes very far beyond the physical person of the beloved. It finds its deepest meaning in his spiritual being, his inner self. Whether or not he is actually present, whether or not he is still alive at all, ceases somehow to be of importance."

It is only by love that another person is grasped or touched in his essence. What is essential is invisible to the eye. What is essential is understood only by the heart. Love is super – sighted in the sense that it sees also the potentialities of the beloved and enables him to actualise them. Love is growth – promoting and totally; other centred.

In logctherapy love is considered as primary a force as sex, and sex, a mode of expression of love. Sex is justified and even sanctified only as a vehicle of love. Love goes far beyond the physical person of the loved one.

3. The Meaning of Suffering. Despite of trying, as we should, to prevent any sort of pain, and despite having all sorts of preventives and painkillers and insurance's it is too obvious that suffering is an unavoidable fact of life. As psychiatrist Scott Peck says ' life is difficult'. Every researcher, every explorer, every soldier, every mother, ever lover, no everybody knows this. So the best things is to learn to cope with the inevitable sufferings of life.

"An active life serves the purpose of giving.. man the opportunity to realise values in creative work, while a passive life of enjoyment affords him the opportunity to obtain fulfillment in experiencing beauty art, or nature. But there is also purpose in life which is almost barren of both creation and enjoyment and which admits of but one possibility of high moral behaviour: namely, in man's attitude to his existence, an existence restricted by external forces. A creative life and a life of enjoyment are banned to him. But not only creativeness and enjoyment are meaningful. If there is a meaning in life at all, then there must be a meaning in suffering. Suffering is an ineradicable part of life, even as fate and death. Without suffering and death human life cannot be complete.

"The way in which a man accepts his fate and all the suffering it entails, the way in which he takes up his cross, gives him ample opportunity – even under the most difficult circumstances – to add a deeper meaning to his life. It may remain brave, dignified and unselfish. Or in the bitter fight for self-preservation he may forget his human dignity-and become no more than an animal". Frankl speaks of a man who could not endure the death of his wife, and who, as a result, went into deep depression. The patient was asked: "Suppose, you had died first and your wife had to survive?" The patient answered: "Oh, that would have been terrible: how she would have

suffered! "Then he was told that it was he who spared her all that suffering, and that now he has to pay for it by surviving and mourning her. At this, at the realisation that his suffering was meaningful, the man relaxed and brightened up. He felt he could bear all the suffering.

For those firmly grounded in religious faith Frankl uses their faith in a benevolent god and afterlife therapeutically. It is in this sense that logotherapy speaks of supra meaning. It was his faith, which enabled an young pastor to accept the death of his dear wife, a faith which gave him enough strength even to be the main celebrant of her funeral. To his friends who admired his courage he said: "I am happy to entrust my dear wife into the hands of Him who – loves her more than I do and who can take better care of her than I ever can".

The idea of sacrifice makes sense to those with religious faith. Such was the case of the one who on his arrival in the concentration camp made a pact with Heaven that his suffering and death should save the human being he loved from a painful end. For him suffering was meaningful. His sacrifice was of the deepest significance because he did not want to die for nothing. Similarly, when a rabbi who bitterly mourned for a long time the death of all his children was told that his accepting his loss and the pain might purify him from his sins and prepare him for reunion with his children in heaven, he experienced great relief.

A sufferer could think of his God, or a dear one (alive or dead) who would not expect him to disappoint him by the way he handles his suffering, and find the courage to suffer with dignity.

The way a young woman died in the concentration camp holds many lessons. "She was cheerful in spite of this knowledge (of her imminent death). 'I am grateful that fate has hit me so hard', she told me. 'In my former life I was spoiled and I did not take spiritual accomplishments seriously'. Pointing through the window of the hut, she said, 'this tree here is the only friend I have in my loneliness. 'Through that window show could see just one branch of a chestnut

tree, and on the branch were two blossoms. 'I was startled and didn't quite know how to take her words. Was she delirious? Did she have occasional hallucinations? Anxiously I asked her if the tree replied. 'Yes' What did it say to her? She answered, 'It said to me, "I am here – I am here – I am life, eternal life."

Man is confronted not only by suffering and death but also by life's transitoriness. People regret the passing of their youthfulness and envy the young for their possibilities and opportunities. To these logotherapy says: "the only really transitory aspects of life are the potentialities; but as soon as they are actualised they are rendered realities at that very moment; they are saved and delivered into the past, wherein they are rescued and preserved from transitoriness. For, in the past, nothing is irrevocably lost but everything is irrevocably stored". Life's inevitable transitoriness is a challenge to our responsibleness, challenge to make possibilities realities so that our life is full of realities, realities of work done, of loving and being loved, and suffering suffered. Such a life is something to be proud of. In such a life there is no room for vain regret or wasting envy.

In a culture which glorifies pleasure and considers the handicapped and the terminally ill and the aged a waste and a burden, logotherapy upholds the innate dignity of man and helps man to suffer bravely since life has a meaning till the very end. Life is unconditionally meaningful even if its meaning is not clear at the moment. Suffering nobly borne will disclose surprising depths and meaning. The ultimate meaning is beyond the finite mind. Hence logotherapy teaches man to endure his inability to grasp the meaningfulness of life in purely rational terms.

Logtherapy as a Technique

The starting point is the discovery that the neurotic experiences 'anticipatory anxiety', which produces precisely that which the patient fears. For example, the one who is afraid of blousing will actually blush when he faces people. Just as fear brings to pass what one is afraid of. Forced intention or excessive intention or hyperintention

makes impossible what one forcefully desires. This is particularly true in cases of sexual neurosis. "The more a man tries to demonstrate his sexual potency or a woman her ability to experience orgasm, the less they are able to succeed." This is true also in cases of excessive attention or hyper-reflection. The treatment is deflection, that is, re-focusing the attention on the proper object, namely, the partner. "Pleasure is, and must remain, a side- effect or by-product, and is destroyed and spoiled to the degree to which it is made a goal in itself."

Based on the above findings, logotherapy uses a technique called paradoxical intention in which the patient is invited to intend that which he fears.

Using this technique lasting cure was found for long-standing neurotic problems, Such was the case of man who lived in fear of excessive sweating. When he feared that he would sweat his anticipatory anxiety precipitated excessive seating. He was advised to resolve deliberately to show how much he could sweat. When he did this he found he was not sweating at all – after having suffered from this symptom for four years.

This technique was found effective in curing cases like, stuttering, sleeplessness, and even obsessive-compulsive and phobic conditions lie, compulsive washing(of sixty years' duration).

Logotherapy does not dig into the past or stays with the past. It stays with the present and looks to the future. It is the peculiarity of man that he can live only by looking into the future. A man who has lost faith in the future is doomed. He will decline and will be lost in retrospective thoughts, overlooking the present opportunities to make life positive. He forgets that even an exceptionally difficult situation can be taken as a test of his inner strength; can be seen as an opportunity to grow spiritually.

The technique, briefly, is to replace anticipatory anxiety by paradoxical intention; hyper-intention and hyper-reflection by derflection. Dereflection is possible only by reorienting life toward the patient's specific vocation and mission in life. What cures, finally and lastingly, is not the neurotic's self-concern but his self-commitment. Man's centre is outside of himself: human being is a self – transcending being. "What he becomes – within the limits of endowment and environment – he made out himself. In the concentration camps, for example, in this living laboratory and on this testing ground we watched and witnessed some for our comrades behave like swine while others behaved like saints. Man has both potentialities within himself; which one is actualised depends on decisions but not on conditions."

CHAPTER 17

VISION THERAPY

"Faith is the bird that sings

When the dawn is still dark"

R. Tagore

A healthy person asks himself how he can make his life more rich, enjoyable; and what more he can contribute to the welfare of fellow human beings and the whole universe. He asks himself how he can develop to the full and use all his faculties; how he can live fully and appreciate the present moment of his life.

A totally alive person uses to the full, hundred per cent, and all his potentialities. But the tragedy is that all of us live partial lives. It is said that an average person is only ten per cent alive, that is, he relaxes only one tenth of all that he is capable of feeling, knowing, loving and doing. Einstein said of himself that he used only about twenty per cent of his potentialities. What a waste that in the case of most people ninety per cent of their personal wealth, potentialities remain unused, lie buried!

Why this waste, this impoverishment? One basic reason is one's vision, which is composed of many attitudes. Everyone's vision or way of viewing reality is very personal, unique. Each one has his own way of looking at reality; his own way of perceiving himself, both other, life the world and God or the supra-sensible realities.

His way perceiving regulates everything about his life. His vision may urge him to expand his life to the horizons or may constrict it to small and limited way of living.

So our thesis is this: our lives and happiness are regulated by our vision of reality. We are as happy, healthy and alive as our vision of reality allows us to be.

John Pwell, S.J. popularised a method called 'Vision Therapy' which is a very effective help for anyone to become more fully alive. Vision Therapy is a tool first to identify destructive and crippling attitudes, and then to replace them with healthy and fulfilling ones.

1. Attitudes are regulative

Our attitudes decide how we feel and how we act. Why one has this or that attitude is a complex issue. Many think that attitudes are the result of one's decision, one's choice often made unreflectively. Victor Frankl wrote: "In the concentration camps.... we watched and witnessed some of our comrades behave like swine while others behaved like saints. Man has both potentialities with himself; which one is actualised depends on decisions, but not on conditions." If there is half a glass of water one may choose to concentrate on the fact that the glass is half full (and so feel happy), and another may choose to concentrate on the fact that the glass is half empty (and so feel sad). The person himself may not know why he is happy or sad. But if he comes to realise that he chose his attitude (though unconsciously) he will also know that he can change his attitude, and as result, feel differently.

Many of our attitudes are inherited. We adopt the attitudes of significant people in our lives, especially those of our parents. If parents are friendly and hospitable, it is likely that children too will be friendly and hospitable. If parents are aloof and suspicious chances are that children too will be aloof and suspicious.

Our attitudes are also the result of life experience, especially the experience of our early childhood. If child gets a feeling that he is a nice person, that he is really good, he will have self –esteem, and grow into an open person capable of deep and satisfying relationships. On the contrary, if a child feels unloved, treated as ugly, unwanted, he will have low self-esteem, he will grow into a shy and secretive person, wearing masks and role-playing, capable only of limited and shallow relationships.

What we tell ourselves repeatedly (about ourselves, others etc.) becomes our attitude, and attitudes form our vision. Our vision determines our action and relationships, and finally, life –experience itself. It is very important to realise that as adults we are responsible for our feelings, our actions and responses; we are responsible for ourselves, for what we are and will be.

This is the only healthy and growth – producing attitude, but it is not a every comfortable one. The comfortable one is the game of excusing ourselves of any responsibility, and to indulge in self – purity and to blame others, circumstances and God for our misery. This easy way does not lead to growth. Growth begins when we accept responsibility for ourselves, and begin to ask ourselves: "what is in me that makes me feel this way, and act this way?" This is the hard way, the 'narrow way' leading to growth. As Scott Peck said: "Life is difficult. This is great truth, one of the greatest truths. It is a great truth because once we truly see this truth, we transcend it. Once we truly know that life is difficult – once we truly understand and accept it – then life is no longer difficult no longer matters." Growth is only for those who are willing to face the hard realities of life.

In the vision Therapy first we get in touch with our crippling visions and then replace them with healthy ones.

2. Getting in touch with crippling vision.

Inside each of us are thousands of attitudes ready to interpret, evaluate and dictate 'appropriate response' to any stimulus. How do

we get in touch with our attitude, which leads to a life-limiting, unhealthy response?

a. From symptom to cause

Look at your emotional patterns. If you are a happy person, really enjoying your life, your vision is healthy. If not, if you are generally sad, angry, depressed or lonely; or if in your body you feel tensions, headache, allergies, you may have unhealthy, crippling attitudes., It may be that your can't say no; or you may have a need to please all; or you may want to be perfect in all you do; or you may be afraid of getting close to others; or afraid of failure.

Or look at your total personality. If you are a loner, or if you are sarcastic, or humourless, or always trying to be an entertainer, never revealing yourself, you have crippling attitudes.

b. From experience

Life is full of experiences, big and small, and every one of them is questioning us about our attitudes. For example, when someone tells me he loves me my attitude towards being loved is activated. (Do I accept and enjoy being loved? Do I consider myself worthy of it?) So, too, when someone criticises me. (Am I shattered by it? Does my worth depend on others' estimate of me? Or praises me. (Do I accept it or reject it? Am I over-excited? Do I crave for praise?)

Some experiences, like the death of a dear one or threat to one's own life are very deep. They may shake up the whole person and reveal one's attitude to vital issues, like, the meaning of life and death.

"Wisdom is knowing the cause of things". It is very important to know why one feels the way one feels. Awareness of the cause of one's crippling feeling, that is, finding out one's crippling attitude, is already at least half cure. Awareness is half cure. It is like the case of some parasites: exposed to sunlight they die.

The following are some of the common crippling attitudes:

1. I must be loved and approved by everyone who knows me or else I cannot love and approve myself.

2. I must be perfectly competent, adequate and successful in everything I do or else I am a failure.

3. I have to please others and satisfy their expectations or else I am a failure.

4. I should not reveal my feelings to others or else I may hurt them and they may not like me.

5. I must always be busy with some profitable work or else I will be wasting precious time.

6. When other people's feelings are hurt I must hold myself responsible for their pain or else I am not a loving person.

7. The problems of other people should become my problems or else I am not a caring person.

8. Most people are not grateful. Therefore I wont bother about them

9. The experiences and events of my past life completely determine my present life and therefore there is no possibility of growth or even change.

10. There is one right and perfect solution for each of my problems and this must be found or else it will be terrible for me.

11. My life must work out just the way I have planned it or else I will be unhappy.

12. All things of this world must be left behind when I die; so I am not going to enjoy anything or else I might get attached to it.

13. God is only conditionally loving, so I better meet His conditions or else He won't love me.

14. I have to be perfect or else God will write me off.

The specific Methods called A.V.E.R

John Powell designed and made popular an effective method for self-healing and called it the A.V.E.R method. It has four steps.

1. The first is identifying the activating agent, (A) of a painful or negative feeling. The activating agent is any stimulation, like an even, a memory or a thought.

2. The second is to find out the 'vision (V) which interpreted the activating agent.

3. The third is to become aware of the consequent emotional reaction (E), like sadness or anger.

4. And the fourth is to become aware of the result and behaviour (R), like crying or abusing.

The A.V.E.R. method is very helpful. Writing down the AVER brings relief and healing. The following is an example. It also shows how the same stimulus could be differently interpreted (because of different vision) and therefore produces different feelings and reactions.

Example for a crippling vision:

A. My suggestion was not accepted.

V. My ideas should be accepted or else I won't co-operate.

E. I felt angry, ignored, and humiliated.

R. I pouted and walked out of the meeting.

Example for a healthy vision:

A. My suggestion was not accepted.

V. Best ideas should prevail, and co-operation with others is necessary.

E. I am proud of the group process and myself.

R. I thanked others for their openness and honesty.

AVER is diagnostic, finding out the cause (vision) which caused the feeling and the response. Then comes the therapy or the healing of the crippling vision. The earlier it is done the better because as we grow older attitudes become stronger and more obstinate. Hope is in the words of William James: "The greatest discovery in our generation is that human beings, by changing the inner attitudes of their minds, can change the outer aspects of their lives".

Vision Therapy is a habit-breaking and habit-making process by replacing the crippling attitude with a positive and liberating attitude. The following are four techniques for this.

1. Countering.

Distortions in our vision are unrealistic or false interpretations of reality. In order to eliminate them formulate a simple statement of the truth or right attitude, which is to replace the error in the false way of thinking or distorted attitude. This process is called countering. For example, if you have the crippling attitude; "I am nobody" take time to examine your attitude till you realise how wrong and unhealthy it is. Then replace it with the opposite, that is, the right attitude: "I am somebody". Similarly, if you are easily upset with small things, tell yourself: "I am bigger than this". Or if you are treated unfairly by others and you feel upset, tell yourself; "I am an actor, not a re-

actor", or "I don't want others to decide how I should feel or respond" If you think you should solve all the problems of others (!), and have the right answers to all questions tell yourself that "I am not God "or' I am not an answering machine or an information bank".

2. Modelling

After identifying your distorted attitude, find out someone (personally) known to you or not, now living or dead) who embodies the vision you would like to have. Study that person and get a feel as to what it is to think and act as she does and enjoy the consequent new aliveness. This process is called modelling. It is the same thing as 'interojection'.

For example, if you have difficulty to say no, find out some one who is living and generous but knows his limits, and is able to say a clear 'no' resisting insistent pleading, and is able to feel good about it. Great men and women are for us to imitate. Imitation is the best compliment.

3. Stretching

Stretching is taking the trouble to expand one's awareness of personal potential. It is leaving the 'comfort zone' and acting against inhibitions and fears. For example, if you are afraid to speak in public, and risk speaking at the first opportunity, you could do this by joining a debating society or a course in public speaking. Chances are that even after the first speech you will feel a sense of power and aliveness and you will have a changed vision of yourself a more true and healthy one. It is by doing that one learns; by practicing that one becomes prefect.

4. Praying

Praying presupposes that we are not self-sufficient and that there is someone to help us; and that help is available when we ask for it. Praying, to be therapeutic, has to be specific, that is, praying for a clearly spelt need and with deep faith, believing that help will be given.

Prayer should bot be limited as just one of the techniques or the last resorts but really should accompany every step of Vision Therapy... So pray for enlightenment to find out the distortion in your vision and replace it with the right one; pray for the help to find out apt model and to the strength to imitate him.

An example for Vision Therapy in Practice

A. I was criticised.

V. I interpret criticism as personal attack: "I am a failure.

They don't love me."

E. I feel hurt and resentful

R. I become closed and defensive.

1. Counting: The only failure is not to be open to growth.]

2. Modelling: Pope John XXIII. Soon after his election as Pope the Italian press criticised him and wondered what the world could expect from a short and fat eighty-year old Pope! When he was informed of this the Pope's reaction was: "I too am wondering why they elected me!"

3. Stretching: When I am criticised I will ask for clarifications and suggestions for improvement.

4. Praying: "Lord, that... criticism is painful for me. Help me to find out if there is any truth in it and help me make use of it for my growth. In my feeling of rejection may your unconditional and personal love for me be my strength."

Thus vision therapy helps us to have a correct vision of events in our life. As Teilhard de Chardin said: "either you see or you perish".

This is very attitude we take to ourselves in our behaviour patterns and inter-actions. Correct vision helps us to have a positive attitude in everything and we succeed to monitor out behaviour in the proper direction.

CHAPTER 18

CHRISTOTHERAPY

"The seed of God is in us"

Meister Eckhart

The holistic approach in Psychotherapy is stressed much today. An eclectic approach is seen in the practice of psychotherapy. There are various types of holistic psychotherapies, which stress the need of taking man as a totality. Christotherapy emerged from the personal experience of Dr. Bernard J Tyrrell, a Jesuit priest theologian, as well as clinical psychologist, who integrated his religious beliefs with his own search for meaning in his self. It was a healing through enlightenment in a climate of love and spirit filled tranquillity of a healing center.

The method discovered by Bernard J. Tyrrell is definitely influenced by the insights of Thomas Hora, William Glasser, Viktor Frankl, Kazimierz Dab-rowski and the philosophertheoglogian Bernard Lonergan. Acknowledging the influences of these writers and the modern exisenialists, Tyrell claims it to be his own formation. He writes in the preface of his first book on Christotherapy: "Christotherapy as I develop it in the present book is the product of my own peculiar synthesis of a wide – ranging variety of highly idiosyncratic view points and lengthy reflection on my personal

psychological and religious experiences. At its root, however I do believe that Christotherapy is simply a contemporary expression of the personal stress in Christian tradition on Christ as the physician and the healer of the whole person. All I have done is to focus attention on the psychotherapeutic dimension of the healing Event that is Jesus Christ" (Bernard J Tyrrell, Christotherapy, Preface' Page XIV, The Seabury Press, New York, 1975)

Jesus: The Holistic Healer

In Christian tradition, Jesus Christ, the Saviour of the world is considered as the ultimate Healer from Biblical revelation. Jesus came to the world to heal a wounded world by becoming himself a wounded healer. He healed body sickness, he healed psychosomatic illnesses and he healed mental illnesses (although they were thought to be possessions by devils in those days). He was the healer of the whole person. He healed especially, those who were afflicted in the spirit. The very coming of Jesus was to heal the broken world. This was echoed through the prophetic words of the aged Simeon:

"Now, Master, you can let your servant go in peace just as you promised, because, my eyes have seen the salvation which you have proposed for all the nations to see, a light to enlighten the pagans and the glory of your people Israel". (LK 2, 29-32)

Christotherapy proposes this Salvation promised by God, and this light to enlighten people. Jesus Christ today is the only ultimate healer who brings people to the radiance of his healing fragrance.

In Hebrew tradition Yahewh was considered as "the health of my countenance and my God" (Ps.42,11). In Christian tradition Jesus is viewed as the incarnate manifestation of health and salvation of the Lord.

John the Baptist, the forerunner of the Messiah pointed out this healing ministry of Jesus as a sure sign of his authenticity (LK: 7,22). St. Mathew affirms that the prophecy of Isaiah, "He took our

sicknesses away and carried our diseases for us" is fulfilled in the person of Jesus (Mt. 8, 16-17). This biblical faith and Christian revelation is masterly worked out in christotherapy together with insights of modern psychology in the framework of existential philosophy.

Christotherapy

Christotherapy is a psycho-theological type of reflection to discover the healing power of Christ – meaning to free the individual from all his diseases and to make him holy and whole.

The term Christotherapy is coined by its originator Bernard Tyrrell himself. It focuses attention on the wholeness, holiness and fullness of life, which comes to the individual through a lived understanding of Christ – meaning and a loving response to Christ value. This is in contrast to Viktor Frankl's logotherapy in which the discovery of meaning and value in life can heal certain "neuroses". Freud said long before that insight is cure. In all psychotherapies insight is given in one way or another. In Christotherapy too in shit is given through enlightenment, a knowledge that is received through the therapy. This enlightenment, a knowledge that is received through the therapy. This enlightenment frees man from his "existential ignorance". Tyrrell defines this particular form of ignorance "as a mere passive ignorance or as an active ignoring of those meaning and values which are essential for the achievement, or active reception, of the gift of wholeness and enlightened holiness" (ibid. P.2).

This existential ignorance may be the effect of the personal sinfulness of mankind as a whole. Christotherapy helps to overcome this ignorance of heart by the enlightenment received. The existential ignorance of man is all the more clouded when man finds it impossible to understand the meaning of his limited being. Christotherapy believes that God is meaning of his limited being. Christotherapy believes that God is meaning itself and the meaning, which underpins and ultimately grounds all limited meanings.

The revelation of God as meaning was done through nature (Ps. 19,1). God has spoken through his chosen prophets and finally through his son (Heb 1,23), the very Truth and life (John 14,6). In Christotherapy, Christ is viewed as the light of the world. He was the light that shines and still shines in the darkness of human existence. He can remove the existential ignorance. As the Chinese sage Lao-Tzu once said: "the way to do is to be". Christ removes the darkness of human existence by becoming the light of man's inner self.

Healing and enlightenment

Healing and enlightenment are two words, which are very rich in denotation and connotation. In strict denotative sense, healing is a term that refers to the overcoming of the negative factor, the diseased element in a person and the restoration of wholeness. Enlightenment on the other hand is the attainment of Spiritual insight, growth in understanding. Both these dimension are needed for the holistic approach in psychotherapy.

Enlightenment is had in various ways in different world religions. Bernard Tyrrell considers only the Christian way of enlightenment in his Christotherapy.

The different forms of enlightenment

These are basically four forms of Christian enlightenment. They are Existential Diagnosis, Existential Discernment, Conversion and Mysticism. They are four corresponding attitudes of heart to these four enlightenments. They are humbleness of heart, listening, "letting be" and "wu wei". A brief description of all these four forms will help us to go forward with the further steps in Christotherapy.

Existential Diagnosis

This is the first form of Christian Enlightenment. It involves the discovery or understanding of meaning of negative factors in one's life. Many people try to ignore or disown the negative realities in one's voice of existence to understand the silent messages inherent

in symptoms. It is nothing but the understanding of one's actual mode of existence- in-the world and this is the first step towards enlightenment. Tyrrell quotes Hora thus:

"The task of the physician is to help the patient understand the language of existence whether it speaks from his body, his mind or his destiny. Existence speaks from the body via the symptoms, from the mind via history. Authentic existence requires man to be in constant communion with and in mindfulness of the silent voice of his existential conscience. Such mindfulness and communion are the basis of enlightened understanding. (Thomas Hora, "Epistemoglocial Aspects of Existence and Psychotherapy" Journal of Individual psychology. 15 November 1959) P.168.

Tyrrell thins that Freud was concerned with the negative, diseased aspects of man, while Maslow and Rogers were interested in the healthy side of man only. Christotherapy however stresses both these dimension. Both have equal roles towards making man's self-an authentic one. This enlightenment of the vital role of the negativities in man's life is existential diagnosis.

Existential Discernment

Existential Discernment of God's Positive will is the second form of Christian Enlightenment. It is the discovery of what god wants of me here now. This concept, Tyrrell might have taken from his Jesuit background, from the great ignition tradition of the discernment of spirits. This is mainly the understanding of the positive directives and call, which God gives to us as we work out our salvation. In Pauline language, it is nothing but discovering the "will of God" and knowing what god wants (of Rom 12,2)

Religious Conversion

The third form of enlightenment is religious conversion. This is a multidimensional process. It demands a change of mind and heart, a turning from sins, from idols, from evil ways etc. Repentance is a fundamental aspect of this process. There is the need of rejecting

false values, attitudes, habits and a very personal commitment in love and fidelity of god.

Religious conversion is a work of God in man. It is a gift given to man by god flooding one's heart with his love. This is accepted faith. It needs man's free co-operation too. Then there is the knowledge of god by God providing a new heart for man. This will help man to choose and love god without reservation.

Mysticism

The fourth form of enlightenment is Mysticism, which is the crowing moment in the enlightenment process. It is the intensification of a committed life. It is a complete self-surrender to the action of Tgod in man's life. Since this is highest form of enlightenment, this is attained by a few only. These four forms of enlightenment are exclusive. A person in the first form of enlightenment can occasionally experience the mystic enlightenment and a mystic may still need to know the existential discernment.

The basic attitudes.

Although healing is ultimately God's work, there are four basic attitudes man should develop to cooperate with God's working in man. These are humbleness of heart, listening, letting be and wu wei. Let us consider each of them briefly.

Humbleness of heart

It is a clear teaching from the biblical revelation that humbleness of heart is a must for God's operation in man, For "god opposes the proud but he give generously to the "bumble" (James 4:6). This is an attitude which is described by Paul .

"It is by grace that you have been saved, through faith, not by anything of your own, but by a gift from God, not by anything you have done so that nobody can claim the credit. We are God's work of art, created in Christ Jesus to live the good life as from the beginning he had men at us to like it" (Eph.. 2,8-10).

This attitude affirms that God is the initiation and the main actor in the transformation of the human heart. This may not be always appreciated in this age of science and technology, which envisage man as his own master, and creator of his destiny. According to Tyrrell "if we now truly seek an inner transformation, as interior healing and enlightenment, we must bow now down before the Lord, become as little children and existentially understand that only to the little ones does God reveal his healing gift."

Listening

To listen is to be alert, awake and attentive. It is an active attitude. It is more than more hearing. The attitude needed for the enlightenment is an authentic listening which is the dynamic active receptivity that leads to the "keeping" of every word that comes from Christ. An authentic listener will have a response similar to that of the virgin mary. "Let what your have said be done to me;" (Lk. 1-38)

Letting – "be"

"Letting be" is not a matter of quietism or passivity or of living alone. It is a free loving allowing of a thing to be what it is so that it an reveal itself in the essence of it's being. This is an important attitude for man. In the opinion of Thomas Hora "letting be" means relating oneself to the other in an affirmative, loving, perceptive manner. Affirmation of a person's freedom is an act of love.

According to Tyrell, letting be is an attitude before God by which God is allowed to manifest himself as lover and saviour in the ways and forms he chooses. Letting be is far more than an abstract philosophical principle. It is an existential attitude, a mode of response of the highest excellence underlying all true love encounters.

Wu wei

Wu wei is actionless action that flows from a life rooted in God. This is an idea-borrowed from Chiang Tzu, the Toist philosopher. In its simplest expression Wu wei is creative quietude. It is an openness to the voice of God within us. Creative quietude or the

non-action that is action, is a matter of openness and of being entirely receptive to the guidance of God. It is a way of existing in the world. Through Wu wei the client lets god work gently and efficaciously within and similarly, Wu wei type of response to Christ as healing truth enables him to work powerfully with our hearts and to lead us to the point of transformation in us.

Basic theoretical concepts

1. Self and Antiself

Tyrrell introduces the concept of self and anti – self. Self is the human person created with a unique identity and endowed with all the natural properties and dimensions proper to the human person. It is the totality of the human person as created by God.

The anti-self is the sum of all failures conscious and unconscious, compulsive and free, to be obedient to these God given drives of the human self.

2. Christ – self and Antichrist –self

By Christ – self Tyrrell means the self as it is transformed and made a sharer in the divine nature through the power of the Holy spirit. This is a faith approach accepted from the Bible.

The antichrist – self is the counter part of Christ-self. It means anything in a person which is opposed to Christ. It is an attitude in man to go against god's will by simply following his own instincts and desires.

3. The True Self

This is the self at any stage of authentic existence or development. This is the self as initially endowed by God with dynamic orientations towards meaning, truth, goodness, value and divine having a potentiality for authentic existence

4. Consciousness, Twilight Consciousness and the Unconscious

These three concepts are introduced by Tyrrell in his Christotherapy II. Consciousness is more than more awareness. It is an internal experience of oneself and one's activities of sensing, feeling, thinking, judging, reflecting, deciding and acting.

These are different levels of this consciousness. At the lowest level of conscious functioning dreams occur. Sense perception is a higher level. The level of understanding is still higher. The level of reflection and deliberation is still higher. Super consciousness is a mystic ecstasy experience of being spiritually intoxicated with God.

Twilight consciousness

Twilight consciousness is the awareness of certain imagination, feeling, thought, fantasies that flash off and on in the background of our mind or psyche. They are not often focused. These non-focal psyche and mental happenings are called twilight consciousness.

The unconscious

Tyrrell borrows the classical Freudian understanding of the unconscious into his system. This is the level of the repressed or suppressed images, memories thoughts or instincts. Tyrrell often mixes twilight consciousness and the unconscious of Freud.

The development of self

After proposing these basic ideas, Tyrrell speaks about the development of self, which is a growth or transformation into an authentic or true self. Here he follows the psychosocial stages as developed by Erik Erkson. The eight stages of growth through conflict resolution is accepted. Lawrence Kollberg's six-stage model of cognitive moral development too is accepted. One has to develop cognitively, psychologically, socially, morally, aesthetically and spiritually. There is the need of growing in the area of feelings and emotions.

The law of decrease – increase

Tyrrell proposes a basic law of human maturation. This is the law of Decrease – Increase. When the parents decrease their control over the children and let the children grow in a self-directed manner then the self image increases. The secret is to learn how to avoid the extremes of a radical permissiveness which prevents the blossoming of the proper self – concept, a growing sense of personal autonomy and a openness to the exercise of initiative and industry.

Self – realisation through self – transcendence

Depending on Lonergan and Viktor Frankl, Tyrrell proposes the view of self – realisation through a process of self – transcendence. Tyrrell quoates Frankl: "Being human is being always directed and pointing, to something or someone other than oneself: to a meaning to fulfil, another human being to encounter, a cause to serve or a person to love. Only to the extent that some one is living out this self-transcendence of human existence is he truly human or does he becomes his true self". (Tyrrell, Christotherapy II, P.50)

The self in Deformation

If the self is not growing to transcendence, it may deteriorate and Tyrrell calls this stage of progressive disorder of the self as deformation. There are various types of deformations. The main ones are: -

1. Neurotic deformation through rejection

This is a psychological deformation due to the lack of proper growth from childhood onwards. Traumatic experiences severe rejections and miseducation about basic psychological needs and the ways of fulfilling them can cause neurotic deformation. The rejection felt from childhood onwards can cause neurotic deformation as the victim or rejection feels unlovable and worthless. In order to compensate for their feelings of being rejected, the victims try to gain affection and love and try to get some achievement. But these strategies will prove to be self defeating as they may fall into hostile or sexual behaviour which are not morally acceptable as exaggerated

competitiveness or destructive attitudes and self-defeating habits.

2. Neurotic deformation through repression

In classical Freudian thinking repression is an unconscious phenomenon of excluding from awareness certain impulses, instincts and desires. According to Tyrrell repression is caused by existential miseducation by parent interjecting a puritanical attitude towards sexuality or expression of negative emotions like anger or hatred. Even well meaning parents could cause neurotic deformation in their children when they try to protect their children from all dangers to such an extent that they prevent the development of initiative, sense of autonomy or industry in their children. These are miseducation causing repression in children.

3. Neurotic deformation through the society.

It is the society that is sick and the society with its corrupt ideology is the chief culprit in causing neurotic deformation. So many contradictory messages given by the society cause conflict in people. These cultural contradictions when not resolved can cause neurotic deformation in people.

4. Neurotic deformation through addiction

By addiction Tyrrell means a compulsive physiological and or psychological need for objects, sensations or even for persons. Here addiction lessens one's appreciation and ability to deal with other things in his environment or in himself as he becomes increasingly dependent on that experience as his only source of gratification. Such addiction causes deformation in the personality.

Christotherapy:

A Healing Process Through Christ

Christotherapy is a specific spiritual – psychological synthesis to heal the deformed self through using psychological means to psychological goals, psychological means to spiritual goals, spiritual means to psychological goals and spiritual means to spiritual goals.

Let us consider these four dimensions of chirstotherapy;

1. Psychological means to psychological goals

Human beings have certain psychological needs such as need for being loved or valued. These basic psychological needs are fulfilled naturally through the gift of authentic human love and valuing bestowed by parents, friends, and other significant people.

In line with Christ's model of showing n words and deeds that human love is vital for a happy life, christotherapy emphasis's the fulfilling of the psychological needs of others for love and a sense of self worth.

2. Psychological Means to spiritual goals

This is a complex matter. In the spiritual growth of a person, certain psychological blocks especially from early traumatic experiences may stand on the way. Through proper psychotherapy, these blocks are removed and the person may grow in his spiritual goals. This is true of a poor father image which may impede one's relating to God as a good Father in heaven.

3. Spiritual Means to Psychological goals.

Today we hear a lot about inner healing through intense prayer experiences and charismatic retreats. God can touch people and heal them psychologically too through Jesus Christ. The ministries of various religions, especially the sacraments of Christianity have great power to bring healing to psychologically wounded people. These are spiritual means to psychological goals.

4. Spiritual Means to Spiritual goals.

As in the case of prayer in any form, or any spiritual exercise, God's help is sought for growth in spirituality. So too any authentic participation in the sacraments of the people of God is a basic instance of the use of spiritual means to realise spiritual goals.

Christotherapy a psycho-spiritual synthesis

Christotherapy is a Christ – centered spiritual psychological synthesis. Christ forms the nucleus of the spiritual segment of christotherapy as a spiritual psychological synthesis. It integrates the natural principles and methods of facilitating healing and growth with the spiritual principle and methods for effecting healing and growth revealed or implicity contained in the Christ Event. Christ is seen to be the "super meaning" who fulfils the natural desire for meaning in a way which completely surpasses all the natural expectations of the human mind and heart.

Christotherapy also integrates the insights and methods of psychology. Christotherapy differs from psychosynthesis in that it does not distinguish between a personal psychosynthesis and a spiritual psychosynthesis.

Christotherapy also integrates the insights and methods of psychology. Christotherapy differs from psychosynthesis in that it does not distinguish between a personal psychosyntesis and a spiritual psychosyntesis.

There are certain unique characteristics for christotherapy. Healing and growth are through enlightenment in christotherapy. This enlightenment touches the psyche and spirit, involving both love and knowledge. This enlightenment is manifest in decisions and actions; it is holistic, transforming enlightenment.

It reaches into the depths of the unconscious to the roots of the human psyche, and transforms even the dreams, primal imaginations and phantasms of person.

The qualities of the chrisotherapist

In order to bring about a therapeutic change in the client, the christotherapist should have certain qualities. They are the following:-

1. Religious Conversion

This is basic quality needed for a christotherapist. It is nothing but a strong faith commitment to Christ and dedication to the church. A rich participation in the sacramental life of the Christian community is also needed for this religious conversion.

2. Moral conversion:

The Christotherapist must embody a lived commitment to basic Christian moral values so that he can impart enlightenment to the client (seeker). Christotherapist is dealing with individuals lacking psychic birth, and where strong resistance is encountered, A type of love is required which is selfless, preserving and undeviating, even in the face of expressions of hostility and ingratitude. This is possible if only there is an ongoing moral conversion grounded in an ongoing religious conversion.

3. Intellectual conversion.

This is a quality by which a christotherapist makes a critique and rejects in an enlightened manner radical materialism, radical realism, radical determinism, psychological reductionism, and psychological – spiritual melding. In line with Dr. Albert Ellis, Tyrrell lists eleven Erroneous Beliefs which one should challenge in getting an intellectual conversion. (Cf. Tyrrell, Christotherapy II, Op. Cit, PP. 109 – 110).

4. Psychological Conversion.

This is psychological or radical conversion from addictions of any sort. Without this conversion, the christotherapist will be lacking a sense of self – worth and self-appreciation. Such people connot help others to grow. On the other hand a wounded healer who is in an advanced stage of on going conversion from these deformations can be an extremely effective christotherapist.

5. Self – knowledge

This is an important quality for a christotherapist. This is a multidimensional phenomenon involving insight into the origin and

meaning of one's basic feeling responses and states; an understanding of one's fundamental self concept and self-image, a reflective grasp of one's basic strengths and weaknesses and temptations born of deep personal experience. Conversion in one or all its forms is a principal path to self-knowledge. But self knowledge can be had through a natural unfolding from stage to stage of human developmental processes.

Methods of the christotherapist

Christotherapist uses four different methods to impart the new wisdom to the seeker. They are:-

I. The method of existential loving:-

This is valuing the gift of unique existence of each person. It is a holistic form of loving which is at once affective, contemplative and volitional. It is not empathy in a sublimated form. Only a person who has received the gift of "psychic birth", who has a basic sense of self – worth and sel- appreciation can effectively love another existentially. It is not sentimental, it can be quite tough. It involves acceptance but it does not condone the irresponsible, it can confront too if needed.

II. Existential Discerning and Clarification:-

Existential Discerning includes existential diagnosis and existential appreciation. The seeker may be living in a state of existential error when he is a victim of conscious or unconscious free or compulsive erroneous beliefs. Here a diagnosis is needed.

Existential appreciation is one's ability of understanding the authentic understanding of the true meaning of life and of happiness. Appreciation, like diagnosis, implies the power to penetrate below the surface but what appreciation uncovers is not the erroneous but the true, not ignorance but wisdom, bot the worthless but the realm of human and divine in all their riches.

III. Existential clarification:-

This is a process by which the christotherapist seeks to

communicate his diagnostic and appreciative discernment to the seeker in such a manner that the seeker equally comes to participate in and personally verify for himself this diagnostic and appreciative understanding. It has two phases. It involves the therapist's making clear to the seeker the existential meaning of whatever destructive or growth – inhibiting factors the person is experiencing. Secondly it involves the therapists helping the seeker to discover the authentic meaning.

IV. Mind – Fasting and spirit Feasting:-

From the Taoist writer Chuang Tzu, Tyrrell borrows the word mind – fasting though spirit – feasting is coined by Tyrrell himself. These two are central in Christotherapy.

There are four stages in mind – fasting.

1. The experiencing of negative data such as some disorder, disease, crisis etc. These negative data could be bodily, psychological or spiritual.

2. Praying for diagnostic discernment:- This is asking God's help in prayer for understanding and evaluating the negative data in one's personal life.

3. Revelation/Recognition: This is an inspired (correct) Diagnostic discernment of the existential meaning of the negative data.

4. Decision/Demonstration:- This is enlightened decision to act in accord with the diagnostic revealed understanding by the Holy Sprit. This involves an ongoing prayer to God to remove the existentially erroneous beliefs, defects and undesirable behaviour at work in one' life.

5. Spirit-Feasting: -is the counter part of mind fasting. It is nothing but appreciating and integrating the positive experiences in one's life. It also has four stages.

1. Experiencing the Positive Data

This is experiencing some potential source of authentic enrichment of the whole person, e.g., Holy scriptures natural scenic beauty, experience from an art gallery etc.

2. Praying for appreciative discernment:-

This is prayerful quest for an appreciative existential discerning and valuing of the potential source of authentic existential enrichment.

3. Revelation/Recognition:-

This is the inspired gift of an appreciative discerning and cherishing of the value revealed to one.

4. Decision/Demonstration:-

This is an enlightened decision to act in accord with the discerning appreciation with which one has been gifted.

V. The method of Dream interpretation

The interpretation of Dreams in Christotherapy is mainly used for existential discerning and existential clarification. Any existence of repressed dimensions of personality is also understood through analysis. Tyrrell give nine rules for the interpretation of dreams. The dreams are to be interpreted literally. If they don't make sense, then go to it's symbolic meaning.

Dreams are triggered by something in our heart. The Dream's feeling tone often provides a clue to an element in our particular life situation . The same dreams occurring at different periods of one's life can have different meanings. A dream does not indulge in reminiscence for its own sake. The occurrence of the so called symbolic dreams can have quite unique meaning related to the particular life situation of the dreamer. Dreams are given to expand not to diminish or impoverish us. And finally a dream is correctly interpreted when and only when it makes sense to the dreamer.

The Method of Healing of Memories

In existential loving, repressed memories of rejection are allowed to emerge and to be dealt with constructively. In healing of memories, self destructive attitudes and assumptions allow negative memories to surface in consciousness and enable the sufferer to handle these memories in a healing and transformative fashion.

The process of christotherapy

From the great Ignition tradition of renewal and Healing, Tyrrell is viewing his christotherapy as an ongoing process with diverse stages. Christotherapy is in harmony with the practice of St. Ignites who mirrors in the dynamic movement of his spiritual Exercise the stages of radical ongoing religious and moral conversion. To this great tradition, Tyrrell connects the twelve steps of Alcoholics Anonymous and related groups, and the insights of Drs. Angyal and Assagioli.

The classical formulations of the goals of the four weeks in Spiritual Exercises of St. Ignatius are :-

1st week:- To reform the deformed

2nd week: - To conform the reformed

3rd week: - To confirm the conformed

4th week:- To transform the confirmed

Tyrrell accepts these goals from his Jesuit background and works it out in his Christotherapy.

1. Reforming

Before the starting of the Christotherapy, the seeker must be advised to undergo certain necessary preparations. These preparations include a medical check up for finding any physical problem. So too chemical dependency may be handled through

undergoing a program of Alcoholics Anonymous or any self help group. Individual or group psychotherapy may be needed for any neurotic deformation.

The first step in Christotherapy is to bring about an awareness of the exact nature of the seeker. When St. Ignatious uses a meditation on sin, the Christotherapist asks the seeker to mediate on his neurotic or addictive way of living and to experience the fat of the "living hell" he is in here now. A diagnostic discernment is the goal the seeker is helped to come to a decision and reform his life. The christotherapist moves from existential loving to existential clarification. The person may hit the bottom. This bankruptcy feeling may be very painful for the seeker. In a few cases, the seeker may fall into depression and may have suicidal thoughts. Here Christotherapist provides support. The self-pity of the seeker is discouraged. He is slowly led to a holistic insight.

The Christotherapist enkindles a sense of worth of the person by existential appreciation. Through the existential loving of the therapist and through the love of Jesus Christ experienced by the seeker, the life style is reformed by the seeker.

2. Conforming.

This is a stage of therapy when the seeker is led to certain radical decisions and he is helped for an ongoing conversion and growth. St. Ignatius speaks about the election for God in the second week of exercises. In christotherapy there is a radical psychological conversion trusting in a higher Power (IInd step of A.A.) for the seeker, it is a time of election, decision and radical conversion (IIIrd step of A.A.) This is a switch from negative to positive and there is an act of self surrender in which the whole feeling structure of the individual shifts. It is a kind of unconditional surrender to god and most often it is unconscious and this is to be slowly brought to consciousness by small decisions i.e., from a radical conversion (step I-II of A.A.) to an ongoing conversion (step IV – XII of A.A.)

A person is only in a state of ongoing conversion from addiction when he or she (1) has truly surrendered at the unconscious as well as the conscious levels (2) has effectively renounced the object of addiction; (3) is in a stage of growing effective detachment from the object of addiction; (4) is positively attracted to the value of sobriety, and is actively embracing the new world of authentic value.

3. Confirming.

In the Ignatian method, the 3rd week focuses on the passion and death for confirming the conformed. This is done through the meditations on the Last Supper, Passion and Death, Crucifixion and Detachment.

In christotherapy, the seeker is warned to guard against the temptations (or relapse) and to cultivate a spirit of detachment. This is had only through attachment to authentic values of sobriety, wholeness and sanity. A detachment from "must" to an attitude of "I prefer" or even to a principle of indifference. This is through practising a spirit of faith in the providence of God (Heb. 10, 7)

4. Transforming

In the fourth week of the spiritual exercises, one is asked to contemplate Jesus in his glorious mysteries. The spirit of this stage is that of rejoicing with Jesus (2 Cor. 3,18) The meditations are on the appearance of Jesus to Mary Magdaline.

In Christotherapy, the task is to help the seeker to appreciate the value of life, starting with his physical and psychic health. He is then slowly led to discern the higher values in life such as the uniqueness of personhood, inter personal communion, work of art, spiritual values etc.

This is a stage of ongoing conversion and transcendence.

During this period, the christotherapist has to help the seeker to find out his own particular charism. They may have to share with

others their own healing. This is the step XII of A.A. For, such recovered people may have a special gift of compassion, understanding and capacity for 'tough love'.

The christotherapist uses the method of Spirit – feasting here. This will help the addicts to lose interest in the negative and self-destructive attractions by concentrating on values, which are existentially, valid and life enriching.

Instead of engaging in any addictive behaviour, the seeker is helped to be interested in people, in service to people and caring for them. Then there is a shift from hatred of self to a delight in true self as good and loveable, a letting go of pseudo pride and humble delighting in the truth of what one really is. They find the power of prayer and thanks giving in their lives.

The healing of the feelings

After dealing with the process of Christotherapy, Tyrrell is dealing with healing the feelings. For, those who try to come to wholeness must deal with human feelings of anxiety, fear anger, sadness, depression and guilt. The process involves several stages.

a) Creation of an atmosphere so that the seeker may freely express his hear or guilt through existential loving.

b) Cultivation of openness of the seeker to his or her feeling experiences. The seeker may resist revealing his feelings. The christotherapist must be very attentive to collect the clues from body languages, non verbal communications etc.

c) Identification of certain feelings and their recurrences especially the predominant ones.

d) Owing and initial acceptance of feelings.

e) Acknowledging to myself and in appropriate circumstance's to another person exactly how I feel.

f) Prayerful focusing of attention on the object which evokes one's specific feeling responses and detecting in one's consciousness the images, attitudes, fantasies, thoughts which mediate and to a greater or lesser degree determine one's feeling responses to given objects.

g) The prayerful diagnostic or appreciative understanding of the existential quality of the object of his/her feeling, responses and of images, fantasies, thoughts and attitudes which are mediating these feeling response.

h) Making a free positive decision to live in accord with the authentic diagnostic and appreciative discernment he or she has reached in the above stage. The seeker experiences a fundamental healing and maturation in the areas of basic feeling states and responses.

Thus Christotherapy proposes an integration process. In almost all the clients there may be a combination of neurotic guilt and real guilt. A christotherapist who has an adequate understanding of the dynamics of these guilt's and there inter relationship and has a consciousness alive with authentic values and meanings will be able to help the suffering person. This is done in spiritual – psychological synthetic approach of Christotherapy.

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TRADA

TRADA is a pioneer in the field of Addiction Prevention, treatment, Rehabilitation, Research and Training founded by Sr. Dr. Joan Chunkapura MMS and other veteran leaders of Joint Christian Temperance Movement. TRADA has helped over 14,000 persons since 1987, men, women, young addicts and their families who were affected by the disease of substance dependence. The extension programmes of TRADA include community mental health, child guidance clinic and school & college counselling, RCH Programme for empowerment of women and children, HIV/AIDS programme, Research and training programmes. TRADA is the Convenor of District Health Action Forum for the State of Kerala, making the knowledge of health reach at the grass root level.

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